The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Massachusetts (Mr. KERRY) are necessarily absent.

The PRESIDING OFFICER (Mrs. MCCASKILL). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 76, nays 22, as follows:

[Rollcall Vote No. 318 Leg.]

YEAS—76

Akaka	Gillibrand	Nelson (FL)
Alexander	Hagan	Pryor
Baucus	Harkin	Reed
Begich	Hatch	Reid
Bennet	Hutchison	Risch
Bennett	Inouye	Roberts
Bingaman	Johanns	Rockefeller
Bond	Johnson	Sanders
Boxer	Kaufman	Schumer
Brown	Kirk	Shaheen
Brownback	Klobuchar	Shelby
Burris	Kohl	Snowe
Cantwell	Landrieu	Specter
Cardin	Lautenberg	Stabenow
Carper	Leahy	Tester
Casey	Levin	Udall (CO)
Cochran	Lieberman	Udall (NM)
Collins	Lincoln	Vitter
Conrad	Lugar	Voinovich
Crapo	McCaskill	Warner
Dodd	Menendez	Webb
Dorgan	Merkley	Whitehouse
Durbin	Mikulski	Wicker
Feingold	Murkowski	Wyden
Feinstein	Murray	
Franken	Nelson (NE)	

NAYS—22

Barrasso	DeMint	Kyl
Bayh	Ensign	LeMieux
Bunning	Enzi	McCain
Burr	Graham	McConnell
Chambliss	Grassley	Sessions
Coburn	Gregg	Thune
Corker	Inhofe	
Cornyn	Isakson	

NOT VOTING—2

Byrd	Kerry

The conference report was agreed to.

Mrs. FEINSTEIN. Madam President, I move to reconsider the vote and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—Continued

The PRESIDING OFFICER. The Senate will continue consideration of H.R. 2847.

MOTION TO RECOMMIT

There will now be 2 minutes of debate, equally divided, prior to a vote on the motion offered by the Senator from Nevada, Mr. ENSIGN.

The Senator from Nevada is recognized.

Mr. ENSIGN. Madam President, this is a simple motion to recommit the bill to put it at last year's funding level, plus the money for the census. The census is once every 10 years, and it will allow for that funding increase.

But in this era of record deficits and uncontrolled Washington spending, we are living under last year's spending levels with this motion. We need to get serious in this body about getting our spending under control. We have to start with appropriations bills. We know we have to cut spending on entitlements.

Let's start now by living under last year's spending levels, instead of the large increases we are having on appropriations bill after appropriations bill.

My motion allows the Appropriations Committee to determine what levels programs would be at, but we are not going to allow across-the-board increases.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

Ms. MIKULSKI. Madam President, I vigorously oppose the motion.

First, the bill is consistent with the budget resolution and the CJS subcommittee 302(b) allocation.

Second, the bill is a product of bipartisan cooperation reported out of the Appropriations Committee unanimously.

Third, the consequences of cutting the CJS bill to 2009 levels by excluding the census would be devastating. If you take out the census and do a cut, guess whom you are cutting. First of all, you are cutting Federal law enforcement. If you think this is a simple resolution, tell that to the FBI. If you think it is simple, tell it to the marshals who are chasing sexual predators. If you think it is simple, tell it to the astronauts, who are waiting to make sure we put the money in the budget to keep them safe as they go into space.

There is nothing simple about this motion to recommit. I simply ask you to reject the Ensign motion.

Madam President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is this a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Massachusetts (Mr. KERRY) are necessarily absent.

The result was announced—yeas 33, nays 65, as follows:

[Rollcall Vote No. 319 Leg.]

YEAS—33

Barrasso	Ensign	Lugar
Bayh	Enzi	McCain
Brownback	Graham	McCaskill
Bunning	Grassley	McConnell
Burr	Gregg	Risch
Chambliss	Hatch	Roberts
Coburn	Hutchison	Sessions
Corker	Inhofe	Thune
Cornyn	Isakson	Vitter
Crapo	Johanns	Voinovich
DeMint	Kyl	Wicker

NAYS—65

Akaka	Cantwell	Feinstein
Alexander	Cardin	Franken
Baucus	Carper	Gillibrand
Begich	Casey	Hagan
Bennet	Cochran	Harkin
Bennett	Collins	Inouye
Bingaman	Conrad	Johnson
Bond	Dodd	Kaufman
Boxer	Dorgan	Kirk
Brown	Durbin	Klobuchar
Burris	Feingold	Kohl
Landrieu	Murray	Snowe
Lautenberg	Nelson (NE)	Specter
LeMieux	Nelson (FL)	Stabenow
Leahy	Pryor	Tester
Levin	Reed	Udall (CO)
Lieberman	Reid	Udall (NM)
Lincoln	Rockefeller	Warner
Menendez	Sanders	Webb
Merkley	Schumer	Whitehouse
Mikulski	Shaheen	Wyden
Murkowski	Shelby	

NOT VOTING—2

Byrd	Kerry

The motion was rejected.

Mr. LEAHY. Madam President, I move to reconsider the vote.

Mr. REID. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

UNANIMOUS CONSENT REQUEST—H.R. 3548

Mr. REID. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 3548, which was received from the House. I further ask unanimous consent that a Reid substitute amendment which is at the desk be agreed to; the bill, as amended, be read a third time and passed; the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. KYL. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Madam President, it is my understanding that we received this an hour and a half ago. I have no doubt at the appropriate time we will be able to work out some kind of agreement. But our side is going to need some time to look at it. We will need some Republican ideas or amendments as well, and we will need a CBO score.

At this time, I will have to, on behalf of Members on our side, pose an objection.

The PRESIDING OFFICER. Objection is heard.

Mr. REID. Madam President, if I can just say—and I know others wish to speak on this issue—we have found a new stalling tactic. It is pretty new. It is CBO. Now I am sure everything is going to be ''CBO.'' I am sorry the consent request was not granted.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Madam President, I was going to call up an amendment, but I think the Senator from New Hampshire wishes to speak. I ask unanimous consent that the Senator from New Hampshire be recognized and I be recognized after her.

Mr. REID. Madam President, if I may ask my friend, the chairman of the Finance Committee, does he wish to speak?

Mr. BAUCUS. That is correct, 2 minutes.

Mr. REID. Why don't we let the chairman of the Judiciary Committee go for 30 seconds to offer an amendment.

I ask unanimous consent that Senator BAUCUS be recognized following Senator LEAHY and then Senator JACK REED.

Mr. REID. And then Senator SHAHEEN.

The PRESIDING OFFICER. Is there objection to the leader's request?

Mr. GRAHAM. Reserving my right to object, and I don't intend to, I would advise my colleagues that somewhere in this line, I need a minute to call up an amendment I wish to have pending.

Mr. REID. Why don't you do that—you will have a minute following Senator LEAHY.

The PRESIDING OFFICER. Without objection, the Senator from Vermont is recognized for 30 seconds.

AMENDMENT NO. 2642

Mr. LEAHY. Madam President, I ask unanimous consent that the Senate set aside the pending business and call up my amendment at the desk, amendment No. 2642.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Vermont [Mr. LEAHY] proposes an amendment numbered 2642.

Mr. LEAHY. I ask unanimous consent that further reading of the amendment be dispensed with; and I ask unanimous consent that I be allowed to continue for 1 minute.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To include nonprofit and volunteer ground and air ambulance crew members and first responders for certain benefits)

On page 170, between lines 19 and 20, insert the following:

SEC. 220. BENEFITS FOR CERTAIN NONPROFIT EMERGENCY MEDICAL SERVICE PROVIDERS.

(a) SHORT TITLE.—This section may be cited as the ''Dale Long Emergency Medical Service Providers Protection Act''.

(b) ELIGIBILITY.—Section 1204 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796b) is amended—

(1) in paragraph (7), by striking ''public employee member of a rescue squad or ambulance crew;'' and inserting ''employee or volunteer member of a rescue squad or ambulance crew (including a ground or air ambulance service) that—

''(A) is a public agency; or

''(B) is (or is a part of) a nonprofit entity serving the public that—

''(i) is officially authorized or licensed to engage in rescue activity or to provide emergency medical services; and

''(ii) is officially designated as a pre-hospital emergency medical response agency;''; and

(2) in paragraph (9)—

(A) in subparagraph (A), by striking ''as a chaplain'' and all that follows through the semicolon, and inserting ''or as a chaplain;'';

(B) in subparagraph (B)(ii), by striking ''or'' after the semicolon;

(C) in subparagraph (C)(ii), by striking the period and inserting ''; or''; and

(D) by adding at the end the following:

''(D) a member of a rescue squad or ambulance crew who, as authorized or licensed by law and by the applicable agency or entity (and as designated by such agency or entity), is engaging in rescue activity or in the provision of emergency medical services.''.

(c) EFFECTIVE DATE.—The amendments made by subsection (b) shall apply only to injuries sustained on or after January 1, 2009.

(d) OFFSET.—The total amount appropriated under the heading ''SALARIES AND EXPENSES'' under the heading ''GENERAL ADMINISTRATION'' under this title is reduced by $1,000,000.

Mr. LEAHY. Madam President, more than three decades ago Congress created the Public Safety Officers Benefits Program at the Justice Department to provide assistance to the surviving families of police, firefighters, and medics who lose their lives or are disabled in the line of duty.

The benefit, though, only applies to public safety officers employed by Federal, State, and local government entities.

With volunteers providing emergency medical service to many communities all across the country, my amendment would remedy this gap in the P–S–O–B program by extending benefits to cover nonprofit EMS personnel who provide critical prehospital care.

We have been working to address this gap in the Federal program for some time, and the tragic loss earlier this year of Dale Long—a decorated EMT from Bennington, VT—reminded everyone that first responders of many uniforms literally put their lives at risk every day.

These brave emergency professionals never let their communities down when a call comes in, and no one ever asks the lifesavers at an emergency scene whether they work for the Federal government, a State government, a local government, or a nonprofit agency. My amendment will erase that unnecessary distinction from the P–S–O–B program.

I would like to thank a number of first responder groups—including the American Ambulance Association, the International Association of Fire Fighters, the International Association of Fire Chiefs, and the Fraternal Order of Police—for their assistance on this matter. I also would note that this amendment is fully offset and cosponsored by Senator SANDERS.

I hope the Senate can move quickly to approve this amendment, and I yield the floor.

The PRESIDING OFFICER. The Senator from South Carolina.

AMENDMENT NO. 2669

Mr. GRAHAM. Madam President, I ask unanimous consent to set aside the pending amendment and call up amendment No. 2669.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Carolina [Mr. GRAHAM], for himself, Mr. MCCAIN, and Mr. LIEBERMAN, proposes an amendment numbered 2669.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To prohibit the use of funds for the prosecution in Article III courts of the United States of individuals involved in the September 11, 2001, terrorist attacks)

At the appropriate place in title II, insert the following:

SEC. ____. (a) PROHIBITION ON USE OF FUNDS FOR PROSECUTION OF 9/11 TERRORISTS IN ARTICLE III COURTS.—None of the funds appropriated or otherwise made available for the Department of Justice by this Act may be obligated or expended to commence or continue the prosecution in an Article III court of the United States of an individual suspected of planning, authorizing, organizing, committing, or aiding the attacks on the United States and its citizens that occurred on September 11, 2001.

(b) ARTICLE III COURT OF THE UNITED STATES DEFINED.—In this section, the term ''Article III court of the United States'' means a court of the United States established under Article III of the Constitution of the United States.

Mr. INOUYE. Mr. President, the Senate is now considering the 8th of 12 Appropriations bills reported by the Appropriations Committee this year, the fiscal year 2010 Commerce, Justice, and Science Appropriations bill.

This bill includes total resources of $65.15 billion, an increase in funding of $7.2 billion above the fiscal year 2009 enacted level. While on first blush this level of funding may appear generous, Members need only to look at the accounts in this bill to understand the need for these additional funds.

Specifically, fiscal year 2010 is the peak funding year for preparations for the constitutionally mandated decennial census. As a result, an additional $4.1 billion above the fiscal year 2009 omnibus enacted level is required for this account alone.

The next largest increase is for science. On August 9, 2007, then-President Bush signed into law the America Competes Act, legislation that moved through this Chamber with 69 cosponsors and passed the Senate by unanimous consent.

That legislation called for the doubling of science, technology, engineering, and mathematics funding for the purpose of investing in scientific innovation and education to improve the competitiveness of the United States in the global economy.

This bill includes an increase of $1.7 billion for NASA, NOAA and NSF science programs, all of which contribute to the goals of the America Competes Act and bolster our economic competitiveness.

Finally, the bill provides for an increase of $580 million for the FBI which allows that agency to continue its efforts to fight both terrorism and violent crime in this country.

Senators MIKULSKI and SHELBY have worked diligently to offer a strong bipartisan bill that tackles the needs of law enforcement, supports scientific research in both space and in our oceans, and invests in scientific innovation and education. I applaud them for their hard work and bipartisan cooperation.

As with the other seven bills that have come before the Senate for consideration to date, the committee supported their recommendations unanimously, and the bill was reported out of the Appropriations Committee on June 25 by a recorded vote of 30 to 0.

This bill has been available for review by members for more than 3 months, so if a Member has an amendment, they should be willing to come to the floor today and offer it. At this point, it makes no sense for Members to delay.

Vice Chairman COCHRAN and I, along with the other subcommittee chair and ranking members have worked diligently to restore regular order to the appropriations process. We have come a long way in responding to what was asked of us at the beginning of the year.

But for us to succeed, it takes the cooperation of all Members of the Senate. Therefore, I strongly encourage my colleagues not to delay action on this bill.

Mr. LEAHY. Mr. President, I am pleased to cosponsor today an amendment to require the antitrust division of the Department of Justice to carry out oversight, information-sharing, and joint activities concerning competition in the agriculture sector. Our Nation's antitrust laws exist to promote competition, which ensures that consumers will pay lower prices, and receive more choices of higher quality products. The Department of Justice is charged with enforcing these antitrust laws. Yet there are few industries in which there are more serious concerns about the state of competition than the agriculture sector. Small farmers are suffering because the prices they can charge for many of their products continues to decline, and the level of concentration throughout the industry could have a negative long-term impact on the prices that consumers pay and the choices they have.

Since first coming to Washington, I have fought to help our family farmers by ensuring a level playing field in American agriculture. The consolidation in recent years throughout the agriculture sector has had a tremendous impact on the lives and livelihoods of American farmers. It affects producers of most commodities in virtually every region of the country, and in my home State of Vermont, it affects dairy farmers. Farmers need a fair opportunity to compete in the marketplace and we must prevent giants in corporate agriculture from repeatedly hurting them with unfair, discriminatory, deceptive, and anticompetitive practices.

I held a field hearing last month in Vermont to assess competitive issues in the dairy industry. During that hearing, we heard from officials from the Department of Justice and the United States Department of Agriculture. We also received first hand testimony from farmers whose businesses are suffering at the hands of large distributors. This crisis is real, and the Department of Justice has pledged to take a renewed look at competitive issues in the agriculture sector as a whole. This amendment is another step to help ensure that competition exists in the agriculture sector.

Mr. GRAHAM. Madam President, this amendment is simple, direct, and to the point. It would prohibit the use of funds for the Department of Justice to prosecute the perpetrators of 9/11 in article III courts.

What does that mean? That means that Khalid Shaikh Mohammed, and people like him, who organized the attacks against our Nation on September 11, 2001, would be tried by military commissions, not Federal courts. They are not common criminals, they are war criminals. They should be tried in a military setting, like other people throughout the 200-year history of this country have been tried regarding acts of war against the United States.

The military commissions have been reformed. Thanks to Senator LEVIN and others, we have a great process that I would not mind our own soldiers being tried in. At the end of the day, we need not criminalize this war. There is a law of armed conflict awaiting the defendants that is fair and it is robust. It has adequate due process, but it recognizes we are at war. And military commissions have been used throughout the history of this country. They are better able to protect classified information.

We need to be consistent. The people who planned the attacks of 9/11 are not common criminals. They are people who have taken up arms against the Untied States, and they should be adjudged accordingly in a military tribunal, which I think we have now designed as the best in the world.

There will be more to follow in this important debate.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, what is the parliamentary situation? What is pending?

The PRESIDING OFFICER. The Graham amendment is pending to the CJS appropriations bill.

UNEMPLOYMENT INSURANCE EXTENSION

Mr. BAUCUS. I thank the Chair.

Madam President, on another subject, I wish to say I am very distressed that the other side objected to a request by the majority leader to pass legislation offered by himself, by myself, and Senators REED and SHAHEEN to extend unemployment insurance benefits.

Our country faces very high unemployment rates nationwide. In some States, it is much worse than other States. It is only fair. It is the right thing to do for the U.S. Government to recognize those folks who don't have jobs—to help tide themselves over until they get a job—with extension of unemployment insurance benefits.

I think for every job that is available in the United States today there are about six applicants. There are too many people unemployed—people seeking jobs who cannot get jobs. So the right thing to do, as we come out of this great recession, is to recognize those who are unemployed and help them tide things over to make sure they are compensated.

The legislation we have introduced does that with 14 additional weeks for all States, and also would provide additional weeks for the hardest hit States—6 weeks of additional benefits for those States hardest hit, those States with the highest rates of unemployment. This unemployment rate we are facing is going to continue. It is not just a short-term phenomenon. There are estimates that we will see rates up to 9.8 percent through most of even next year.

I am very disheartened myself, but more so for the folks who are going to be denied benefits by the action taken by the Republican side to object to extending benefits to those folks who are in need of them. I am hopeful at a later point in time—very soon in fact; hopefully by next week—the other side will see fit to let this legislation pass because it is sorely needed. I urge my colleagues to vote for it when it does come up next week.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Madam President, I rise today to add my voice to Senator BAUCUS in strong support of the Unemployment Compensation Extension Act. This bill, as the Senator said, is designed to help those families who are struggling in all 50 States by extending at least 14 weeks of unemployment benefits to workers across the country who are going to exhaust their benefits by the end of this year.

I thank Majority Leader REID and Chairman BAUCUS for bringing this bill to the floor, and the many Senators and staff who have worked so hard to get this done, particularly Senator JACK REED, who is going to be speaking, Senators CHRIS DODD and AMY KLOBUCHAR.

Through no fault of their own, many of those who lost their jobs months ago still cannot find work. Five million workers have been unemployed for more than 6 months. That is an all-time high, and it is why extending unemployment benefits in all 50 States is so important.

When I am back in New Hampshire and meeting families trying to get by, one thing is very clear: People want to go back to work, but they face one of the weakest job markets since the Great Depression. Until that job market improves, we have a responsibility to help those workers pay their mortgages and keep food on the table.

Another very important reason why we should support this, and why I am disappointed that our colleagues on the other side of the aisle have refused to come forward in support of this, is that extending unemployment benefits is a proven boost to our economy. Unemployment compensation is money that

gets spent immediately on necessities. People who are out of work need this money to help pay the rent, pay their mortgages, buy food, pay for gas. Extending unemployment benefits is one of the most effective actions we can take to help get this economy moving again, and I urge my colleagues to support this important extension and to quickly pass this critical legislation.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Madam President, I commend Leader REID and Chairman BAUCUS for the work they have done to get this bill to the floor. I also commend Senator SHAHEEN for her valuable contribution to moving this forward.

I am disappointed, to say the least, that we cannot move this legislation quickly. There are millions of Americans who are looking at the prospect of losing their unemployment compensation, others who have already lost it and, frankly, millions who may be working but, sadly, may qualify shortly for unemployment compensation.

As my colleagues have pointed out, there are six job seekers for every job. This unemployment crisis will continue, and the least we can do is to provide people with some support while they look for jobs and try to maintain their families.

One point I wish to make—which should be very clear—is that this legislation is fully paid for. This is not something that requires a CBO score in order to determine how it is used and what the cost will be and how it will be paid for. It is paid for by a continued extension of the FUTA surtax for a year and a half—through 2010 and the first six months of 2011. So this is responsible legislation as well as critically important legislation.

Again, as my colleagues indicated, this legislation will provide an additional 14 weeks of unemployment insurance benefits throughout the country. But as we have done on numerous past occurrences, it will recognize that even though there is pain everywhere, the pain is not distributed equally. There are States, such as my home State, where the unemployment rate is extraordinarily high. It is a critical need in Rhode Island where the unemployment rate is nearly 13 percent. So for those States, there will be an additional 6 weeks, for a total of 20 weeks, for all States with an unemployment rate of 8.5 percent or above.

This has to be done quickly, because as we speak there are 5.4 million Americans who have been unemployed for 6 months or more. There are signs that the economy may be recovering—credit markets, equity markets—but the unemployment markets still remain, unfortunately, in a deep decline. We are trying all we can do to reverse that, but in the interim we have to be able to give people a chance to simply get by, and that is what this does.

We are poised to pass this, and this unnecessary delay is not only inappropriate but inexcusable. This is something that affects every State in the country and it affects people who have worked hard all their working lives and now face unemployment, many for the first time. The psychological shock is great. Add to that the financial reality that they can't pay their bills, they can't pay the mortgage, and that adds another problem which I think cries out for immediate action, not waiting for a score from CBO, not waiting to see if there is something ancillary to this that could be attached. This is a time and a moment to meet the needs of the American public, to do so responsibly—and we have because it is fully offset—and not to delay. I urge the speedy passage of this critical legislation. I hope Leader REID will be prepared to make a UC the next time we are convened and that at that time this measure can be passed unanimously.

Madam President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. SCHUMER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SCHUMER. Madam President, I want to support the words of the Senator from New Hampshire and the Senator from Rhode Island about moving the unemployment insurance extension forward.

We all know that joblessness is a tremendous problem in this country. We can argue about which States should get the unemployment benefits and for how much time, but if you are unemployed, your household is 100 percent unemployed. It doesn't matter to you whether you are in a State where it is a 6-percent or a 9-percent or a 12-percent rate. If you have been looking for a job for 26 weeks, you are in trouble and your family is in trouble.

It is hard to believe on an issue such as this, where you would think there would be some comity—you know, I was on one of the TV shows with the Senator from Texas and he agreed unemployment benefits should be extended. We talked about it on that show. Yet we are now holding things up. But people can't wait. They have food to put on the table; they have families to keep together. They have a work ethic. When you can't find a job, try as you might, it eats at you. It is one of the great things about Americans.

I hope my colleagues will reconsider. I hope they will reconsider—yes, because the politics is not on their side here, but more important, because of the substance. We have the worst unemployment we have had over a period of time since World War II, since the Great Depression. We can debate what we should ultimately do. We have to do more, in my opinion, to get this country out of the economic problems in terms of jobs. We do not want to wait 2 or 3 or 4 years for unemployment to gradually come down. We can debate all that. Should there be a second stimulus? Should we do other things? What should we do about highway building? Should we extend the home credit? These are all legitimate considerations we should debate. There will probably be some differences. But in terms of helping those unemployed, the vast majority of whom are unemployed through no fault of their own, I don't think there can be much of a debate. I don't think there will be much of a debate. When it comes to the floor through the good efforts of the Senator from Montana and the Senator from New Hampshire, my guess is it will be overwhelmingly voted on.

Let's not delay. Let's move forward as quickly as we can to help those who, through no fault of their own right now, cannot find a job, try as they might themselves.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. SHAHEEN). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DURBIN. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DURBIN. Is there a pending order of business before the Senate?

The PRESIDING OFFICER. The appropriations act is pending, and there is an amendment pending to that.

Mr. DURBIN. Madam President, I rise to discuss an amendment I filed that takes an important step to address the disturbing level of youth violence in the city of Chicago. My amendment would allow the Attorney General to dedicate up to $5 million from the Office of Juvenile Justice and Delinquency Prevention to community-based, street-level violence prevention efforts.

It breaks my heart to read the Chicago newspapers and see the stories of senseless violence that occurs on a regular basis. Stories such as that of Chastity Turner, a 9-year-old girl who was shot and killed last June while she washed her pet dogs outside her home in Englewood. Or Simeon Sanders, an Army soldier who was on furlough back home in the south suburbs when he was fatally shot in front of a community center this past July. Or 17-year-old Corey McClaurin, a high school senior shot and killed by a gunman while sitting in his car just a few weeks ago. Many of us have seen the shocking, startling videotape of the beating death of 16-year-old Derrion Albert, buried in Chicago last Saturday.

These stories simply overwhelm us. My heart goes out to the families and all the loved ones grieving for their loss. No one ever should have to face the tragedy of losing a child to such senseless violence.

All too often this violence ends up involving school-age children. We lose a classroom's worth of schoolchildren each year to deadly shootings in Chicago and hundreds more are injured. Chicago is a great city. I love representing that city and being part of it. It breaks my heart to think that for many people across America, this is a new image, an image of children being killed in the streets, shot, beaten. It isn't what the city is all about. It isn't the values of the city. But we have to do better. Youth violence is devastating to families, communities and schools in Chicago and other urban centers.

Wednesday, Mayor Daley and the CEO of the Chicago public schools, Ron Huberman, met with Attorney General Eric Holder and the Secretary of Education, Arne Duncan, to talk about ways to stop this epidemic of violence. As this meeting demonstrated, officials at the local, State, and Federal level are committed to taking bold action. Starting this year and using Department of Education dollars that were made available through the economic recovery package, the Chicago public school system will provide an unprecedented degree of intervention and support for school children who, according to statistical indicators, are at the greatest risk of being caught up in violence.

This plan provides employment and adult mentoring for at-risk students. It provides structure and guidance to help prevent them from becoming victims. This comprehensive youth violence plan will also involve coordination with law enforcement, particularly to help secure areas on the way to and from schools where kids tend to congregate and where violence often flares.

Ron Huberman is a very smart man. He runs our public school system in Chicago. Previously, he had been a Chicago policeman. He tried to analyze the school violence and come up an approach. What they did was to enlist some experts who did basically a statistical profile of both the victims and perpetrators of violence over the last few years in Chicago. Who are these young people? How do they find themselves in these predicaments? What are indicators that they are likely to become violent in their own lives or become victims of violence? He found recurring patterns. What he has suggested, with the cooperation of Mayor Daley, is intervention at an early age so we can get to these children before they become victims, before they turn to violent ways. It is an innovative and thoughtful approach. I support it.

I am pleased the Justice Department is providing substantial assistance to Chicago to combat crime. It has been one of my priorities in recent years to make sure the Justice Department is doing all it can to partner with Chicago to try and stop youth violence.

Last year, then-Senator Obama and I asked Attorney General Mukasey to include Chicago in the Department of Justice's Comprehensive Anti-Gang Initiative. This is a program which provides extra money for selected cities for gang enforcement, prevention, and prisoner reentry initiatives. At our request, the Justice Department included Chicago and has provided $2 million in additional Federal funding for this purpose.

I have also strongly supported the COPS Program and Byrne-JAG grants, and so many other areas where we have assisted law enforcement. Over the last 2 years, we have been able to provide dramatic increases in law enforcement funding for Chicago and Cook County. In fiscal year 2008, Chicago received $1.4 million in Byrne-JAG local law enforcement grants. But this year, through the stimulus act passed by Congress at the inspiration of President Obama and through the fiscal year 2009 Justice Department spending bill, we increased that amount to $35 million, bolstering police efforts in that area.

The Chicago Police Department recently was awarded funding for 50 new cops on the beat through the $1 billion program the stimulus act provided for hiring new cops.

I know Attorney General Holder's commitment to this issue. I know he is genuine. I raised the matter with him at a Senate hearing earlier this year. He made clear the administration's dedication to helping solve this problem.

Arne Duncan also is a true champion of the city of Chicago, its schools and kids and families who depend on him. He wants to reduce violence and is dedicated to it.

The efforts we are putting into Chicago have helped some. In the first 7 months of 2009, we saw an 11-percent drop in homicides and a 9-percent drop in all crimes. This is due, in large part, to the dedicated efforts of law enforcement. But while beefed-up law enforcement is essential, it is not enough. We have to do more to prevent children from turning to violence.

I have worked with a group called CeaseFire, which goes into the most violent neighborhoods of Chicago and tries to treat violence as if it is a public health issue. How do you eradicate a public health issue? With intervention. They do it on the streets. I have put—and I will use the word—earmarks in continuing appropriations bills year after year for CeaseFire, a community-based program to bring peace to the streets of Chicago. No apologies. It is an earmark. I will put it in again, if I get a chance, because I believe they are saving lives, and it is money well spent.

CeaseFire was reviewed by the Justice Department in an evidence-based study and was found to have a significant impact in reducing shootings and killings. The amendment I will offer, when we get a chance to return to this bill, will help enhance the efforts of crime prevention organizations such as CeaseFire. It only permits—it doesn't mandate—the Attorney General to devote up to $5 million of grant money from the Office of Juvenile Justice and Delinquency Prevention for community-based violence prevention.

As Attorney General Holder mentioned Wednesday in Chicago, the administration supports community-based programs. This gives them the resources to make that work. It doesn't require an offset. It simply broadens the purposes for which the administration can use existing funds.

The problem with youth violence is not new, and it is not exclusively Chicago's problem. But it is not inevitable either. We must help provide a safer, more stable environment for these kids. It will take a sustained commitment to do so. My amendment is a step in that effort I hope my colleagues will support. I urge adoption of the amendment when we return to the bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Madam President, I thank the Senator from Illinois for speaking out for justice in his community and across the country.

I ask unanimous consent to speak for up to 2 hours, time which I will control and disperse to others, as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. BROWN. Madam President, I take the floor tonight with my colleagues Senators MERKLEY, STABENOW, UDALL of New Mexico, CASEY, and WHITEHOUSE to talk about the public option and why the public option is so important to our Nation and to improving our health care system. I will speak for the first 10 minutes. Then I will turn to Senator MERKLEY, who serves with me on the HELP Committee and has done such a terrific job helping to write the health care bill. I wished to start with something I have done for several weeks and that is to share letters from people in Ohio who, by and large, have health insurance they were satisfied with.

They thought they had a good health insurance policy. In these letters, typically, people tell me when they get sick, they have very costly health problems, long hospital visits, doctor visits, tests. They end up losing their health insurance. The insurance company cuts them off because they have become too expensive, which is not even insurance. That has happened too many times. That is one of the reasons this is so very important.

I know Senator STABENOW gets letters from Lansing and Detroit. I know Senator MERKLEY gets the same kind of letters from Eugene and Portland, from all over his State.

Joyce from Ottawa County, west of where I live on Lake Erie, writes:

I am a 77-year-old great-grandmother who knows how the expenses of health care create a constant worry for families. My oldest

daughter and her husband have three children and they are in dire straights. He might lose his job soon and she recently lost hers after 13 years with the company. Their health coverage is due to expire in December and they have received estimates for coverage of $1,000 a month. There is no way for them to pay, and at age 54 and 61, they are not [close to being] eligible for Medicare. My fear for my grandchildren and great grandchildren is that they struggle day after day to find a job, care for themselves with pride. They want to go to college but they know they will owe tens of thousands of dollars when they graduate and still not be able to find a job or afford health care. Please fight for a public option to help my family.

Joyce understands what the public option will do. It will bring discipline to the market to keep prices in check. It will make health insurance companies honest so they can't dump people from their plans because they are more expensive or because they have a preexisting condition. They can no longer discriminate based on disability or age or gender or geography.

Jill from Defiance, in northwestern Ohio near the Indiana border, writes:

Later this month, I'll be losing my job due to the economy. I will no longer have health insurance. Based on my unemployment pay, I will not be able to afford COBRA . . .

COBRA is the extension of insurance for people who have lost their jobs. Under COBRA, the insured person has to pay both her side of the insurance policy and her employer's side. When they lose their jobs, they rarely can to that.

. . . I will not be able to afford COBRA and pay for my house, utilities, [other] bills, and food. Me and the other 150 people losing their job at the plant will be lucky to find new jobs, let alone afford health insurance. We need health reform now with a strong public option.

Jill understands, as does a majority of my colleagues and an overwhelming number in the House of Representatives and an overwhelming number of the public—by 2 to 1—that the public option matters because it will make sure people who don't have insurance now will go into an insurance exchange and will have choices. They can choose CIGNA. They can choose Blue Cross, Aetna. They can choose Medical Mutual, an Ohio not-for-profit company, or they can choose the public option. It is all about choice. People can decide: Do I want the public option? I like Medicare. Or do I want to go into a private plan.

The last letter I will share is from Brenda in Lorain County. She writes:

My husband is retired but has to get insurance through a private insurance company. Neither of us will be eligible for Medicare. My husband for 3 years, me for 4 years. Our plan is ridiculously overpriced and the premiums, deductibles, and co-pays have almost doubled in the 3½ years since my husband retired. All this is happening as we get older and need health care. Please fight for health reform including a public option. Every American citizen should have affordable health care without exception.

As Brenda points out, people who are so often losing their jobs are in their fifties and sixties. Their health problems are increasing. People in their fifties and early sixties obviously have more health problems than people in their thirties and forties. And that is when they are losing their insurance.

That is why this legislation is so important for people and why the public option will make our health insurance plan significantly better.

Some 77 years ago, President Roosevelt addressed the class of 1932 in my mother's home State of Georgia. His task was not an easy one: to give hope to young people beginning careers at the worst moment possible. He may as well have been giving hope to Americans today who have lost a job and with it their health care.

FDR said:

The country needs and, unless I mistake its temper, the country demands bold, persistent experimentation. It is common sense to take a method and try it: If it fails, admit it frankly and try another. But above all, try something. The millions who are in want will not stand by silently forever while the things to satisfy their needs are within easy reach.

It is time to try something different. The insurance industry has had nearly a century to provide coverage to all Americans. It is safe to say, if we rely on that industry to cover all Americans now, we will be disappointed. If we rely on them to take charge of our health insurance system, as they have now—if we rely exclusively on them, we will be disappointed again.

We need a public insurance option, one that is designed to compete fairly with private insurers but differs from them in two crucial aspects. No. 1, the public plan will not pick and choose where to locate. Instead, it will offer coverage in every corner of this country—from the Presiding Officer's State of New Hampshire, to Senator MERKLEY's Oregon, to Senator STABENOW's Michigan, to Ohio, and to Florida—it will offer coverage in every corner of the country that is affordable, continuous, and patient-focused. You do not see Medicare turning down somebody for a preexisting condition like the insurance industry habitually does in the country.

Second, if the public plan takes in more premiums than it needs, it will return those dollars to enrollees. Not a dollar will go to Wall Street, not another dollar will go to huge CEO salaries—more on that in a moment—and not another dollar will go to massive ad campaigns.

For these and many other reasons, we need a public option. The public option will protect the public from price gouging. It will protect the public from rescission tactics. That is an insurance company word—''rescission''—that disqualifies people who have insurance from keeping their insurance. It will protect the public from insurance loopholes that deny you coverage, deny you care, and deny you financial protection. The public option will protect the public from premium markups that pay for outrageous CEO salaries and sales trips to Tahiti.

I want to show, just for a moment, some of these CEO salaries for 2008. This is in millions, in case you cannot see that directly on the chart: Aetna's CEO's salary, $24 million; CEO of CIGNA, $12 million; CEO of Well Point, $9.8 million; CEO of Coventry—it is not even an insurance company I am particularly familiar with—$9 million; CEO of Centene, $8.8 million; CEO of AmeriGroup, $5.3 million; CEO of Humana, $4.8 million; CEO of HealthNet, $4.4 million; CEO of Universal American, $3.5 million; and the poor man or woman at UnitedHealth Group, that CEO is only bringing in $3.2 million.

The point is, these CEO salaries are from these same companies that turned down somebody in Findlay, OH, or denied care to somebody in Warren, OH, because of a preexisting condition, or they take a patient in Springfield, OH, who has been a little bit too expensive for their company, and they have this cap on their insurance costs, this annual cap, and they disqualify them from further care. They practice their rescission in order to pay these kinds of CEO salaries.

The public option will also protect the public from insurance that is unaffordable, unresponsive, and unreliable.

Our Nation should try something new when it comes to health reform, something that gives Americans more options and the insurance industry a reason to cut out the fat from health insurance premiums.

Some of my colleagues in Congress believe a public insurance option will harm the private insurance industry. That industry, however, has profited from competing with Medicare. Taxpayers did not profit from that deal, but that is a story for another day.

The insurance industry profited from competing with Medicare, and it will profit from competing with the public option. There is simply no reason, when we have this competition, that the insurance companies will not continue to make money. They are going to have 40 million new customers—40 million new customers. Several million will join the public option, to be sure. But these insurance companies will continue to find a way to make money because they are competing. They will be competing on a level playing field with the public option.

The insurance industry claims to be infinitely more cost-efficient and capable than a public plan could ever hope to be. The same industry, though, on the other hand, insists it will go under if forced to compete—level playing field or not—against a public option.

So think of it this way: On the one hand, the insurance industry tells us: We are going to be put out of business. The first thing the insurance companies say is, the government cannot do anything right. The government is bloated. The government is bureaucratic. The government is inefficient. They just cannot do anything right.

But then they say: This public option, it is just going to put us out of business because it is going to be so efficient.

So which way is it? Of course, we know how efficient Medicare is. What the public option is going to do is make these private insurance companies a lot more efficient and make them approach the levels of efficiency in Medicare.

The private insurance industry is not trying to help our Nation make the right reform choices. It is trying to help our Nation put more tax dollars into insurers' pockets. I do not want to see all these 45 million people with government subsidies who are going to get insurance forced into insurance company plans with no choice.

The opponents to the public option are saying: These people should not have choice, they should have to go with their tax dollars—in some cases, their subsidies or their own money—they should have to go into private insurance. We say: Let them choose to go into private insurance, but give them the opportunity to go into the public option.

In my comments, I am not saying the insurance industry is evil. The insurance industry is loyal to their shareholders. They want to make a buck. They do not have rules. They are allowed to disqualify people. We are going to change the rules so they are not allowed to do that.

We need a public-private solution that addresses the needs of every American and discourages wasted spending. That is why I support a public option. That is why I believe my colleagues should too.

As FDR said, it is time to do something. It is time to do the right thing.

Madam President, I yield as much time as he would need to Senator MERKLEY.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Madam President, I thank very much my colleague from Ohio, and I appreciate his advocacy for the working people of America, working to make America work for working Americans, both in terms of jobs and in terms of our health care system.

I rise tonight as well to address the importance of a public option. Here is where we are right now. We are within reach of a historic opportunity to provide accessible health care to every single American, and that would be tremendous. But if that accessible health care is unaffordable, then we have not reached our goal.

Right now, the cost of health care is doubling about every 6 to 7 years, and the pace is accelerating. It doubled over the last 9 years, and now it is on pace to double in 6 or 7 years. So folks who could afford insurance just a few years ago cannot afford it today, and families who can afford insurance today are not going to be able to afford it a couple years from now. So it is essential—essential—we bend the cost curve. Perhaps the most powerful instrument for bending the cost curve is the public option because it is the public option that brings competition and choice. This is as American as apple pie. competition and choice result in better service and lower costs.

Much of our Nation—our health care consumers—do not have a real choice. A couple companies dominate the market, dictate the terms, deny folks coverage, or drop coverage. So doesn't it concern all of us a little that after someone has paid their premiums for a decade or 15 years or 20 years, and they get really sick, the insurance company says: We are not renewing your insurance? That certainly is not a health care system.

When you do not have choices, you do not have improved service, you do not have lower costs. But a public option changes that equation because it introduces real competition in every health care market in America. It adds another choice for our citizens in every health care market in America.

This is important to stress. This is a choice. My colleague from Ohio pointed out this point, but I will point it out again. Sometimes as to the idea of introducing a community health plan or a public option, it is attacked by saying: What does government do well? Why would we want a plan from the government? Then the same critics turn around and say: The government is going to create a public option that is going to work so well it is going to drive every other option out of existence.

You cannot have it both ways, and neither extreme is accurate.

We have seen this idea work in many States in related areas. For example, in the State of Oregon, 20 years ago, Oregon's workers' compensation market was a mess. It is a form of insurance, and it is a form of health insurance. It is a form of insurance for workers on the job. We made reforms to that market in the last 20 years, including a redesigned public option that resulted in premium rates that are today less than half of what those rates were 20 years ago.

Let me repeat that. As a result of our reforms with a redesigned public option in Oregon's workers' compensation market in the last 20 years, it has resulted in premium rates today that are less than half of what they were 20 years ago. That is the result of introducing competition. That is the result of introducing choice.

The public option for workers' compensation was successful. It came under fire from insurers who did not like competition. But it was our business community that stepped up and saved it. Think how powerful it is for the success of a business to have good service and low premiums on workers' compensation. Translate that: how important it is to the success of our families to have good service and low premiums in their family health care premiums.

The public option in workers' compensation has been an economic development tool for the State of Oregon. During the last downturn, we recruited Amy's Kitchen—an organic food producer—into southern Oregon because they could save $2 million a year in workers' compensation rates from the place they were formerly doing business.

Well, this is what we need to do with health care. We need to have competition in every corner of this country. We need to have choice in every corner of this country. We need to empower consumers by giving them a community health option or a public option.

Madam President, I am pleased to speak to the public option tonight, and I look forward to comments from my colleagues. I thank Senator BROWN from Ohio.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Madam President, I thank the Senator from Oregon. We will hear in a moment from Senator STABENOW, who is a member of the Finance Committee, and who on that committee has been so active in helping preserve people's plans who have insurance who are satisfied with it, and building those consumer protections around those plans. She has also been a strong advocate in the Finance Committee for the public option and all that comes with that.

I yield to Senator STABENOW.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Madam President, I thank Senator BROWN.

I want to thank my friend from Ohio—and before he leaves, my friend from Oregon as well. We are so proud and happy to have the Senator from Oregon with us as one of our terrific Members, coming from being the speaker of the house in Oregon, and leading on energy and being passionate on health care and jobs. It is just wonderful having the Senator with us. So we appreciate his advocacy on this important issue.

I want to thank my friend from Ohio. I think we have States that are more alike than any two States I can think of in the Senate because of the challenges that have undergone the auto industry and manufacturing—the extent to which we understand that fair trade is important, that health care and jobs are critical. We also fight to protect our Great Lakes. So we have many ways in which we are team partners in the Senate, and I want to thank the Senator from Ohio for his leadership in bringing us together again to speak about a critical part of this health care reform effort.

I also want to recognize the Senator from New Mexico, whom I see on the floor, whom we are very proud to have with us, as well, coming from the House of Representatives, who has done such a wonderful job in transitioning, hitting the ground running. And with the Presiding Officer, the Senator from New Hampshire, who is presiding, we have a fantastic group

of Members who have joined us who are going to help us get health care reform done, as well as tackle energy and a number of different issues. So it is a pleasure and honor to work with you.

As I speak about health care and the importance of having a public insurance option, I first want to take just a moment to note another issue that is very much tied to health care but an action that was taken a while ago—a very concerning action, again, where the Senate Republican leadership chose to block us moving forward on the extension of unemployment insurance.

As our Presiding Officer from New Hampshire knows, having been a leader in bringing us together and putting forth a plan to be voted on, it was incredibly concerning to me that, in fact, the effort and the proposal to extend 14 weeks of benefits for all of the people in all of our States who are currently unemployed or who will soon be unemployed, with an additional 6 weeks for States such as mine with the very highest of unemployment levels, was blocked one more time on the Senate floor. This is not what we ought to be doing.

When we look at what is happening in our State with about 15 percent unemployment, everyone understands the challenges we are going through. We have people who want to work. They want to work. They are looking for work. They may be piecing together income in a variety of ways. The difference between their being able to keep a roof over their heads for their families and food on their tables right now has been the efforts of extending unemployment that we did with our great new President, President Obama, coming into office and making that a priority. We made it a priority in the Recovery Act. Now we are at a point where we need to extend that.

We expect in Michigan alone that 99,000 people will exhaust their unemployment benefits by the end of this year; tens of thousands of people coming to the unemployment offices. So this is critical for us. We are not going to go away. We are going to keep right back at it until we get this done.

The same thing is true with health care reform because there is a direct relationship. As I start to speak about health care, I wish to say one of the very positive things of the many positive things about the legislation we will be voting on is that we want to strengthen it with a strong public option. One of the very important pieces of this legislation we worked on in the Finance Committee, and supported by the HELP Committee as well, creates a real safety net so if you lose your job, you don't lose your insurance. This is absolutely critical.

We are talking about extending unemployment benefits for people who have been trying to find work and can't find work. Well, what we all know is that when you lose that job, too many people also lose their insurance. Then they lose the house. Then they lose whatever comes next—the car or the kids can't go back to school. So it is all related. In our health care bill, we make sure there is a real safety net and that people who lose their jobs know they will be able to have insurance, and that is very important.

It is also critical, for people who are looking to purchase insurance, that they can get the very best price. It is important that people who have insurance can keep it; that they know what they are paying for they actually get, by the way, which is why the insurance reforms are so important; so you are not dropped right when you get sick or blocked from getting coverage. We know in order to create this new pool for individuals and small businesses that can't find or afford insurance that it is absolutely critical, if we are going to say everybody in the United States of America needs to have insurance, that it be affordable, that it be competitive in the marketplace, and that people be able to have every choice possible available to them. That is what we are talking about tonight because, ultimately, this is about providing real stability and security for American families.

I received a letter from a constituent of mine, Lynn, in Marshall, MI. She wrote:

> In the space of two months, my husband's income was cut 25 percent because of the economic downturn. At the same time, our oldest son, 21 years old, was diagnosed with leukemia.
>
> Every parent's worst nightmare.
>
> To date his bills have totaled about $450,000 for treatment. While we currently have insurance, I worry about my son and how his ability to obtain adequate health care will forever be affected by his illness. His leukemia has an exceptionally high cure rate, but how will he afford his own health insurance which will likely affect his ability to stay healthy for the rest of his life. He is only 21 and on the verge of graduating from college. Once he graduates, he will lose his coverage under my husband's plan. His treatment won't even be finished by the time he graduates. I lay awake at night and worry how we will finish his treatment.

Lynn, everybody who has ever had a child worries about this kind of scenario and what could happen for their children. That is why we are here tonight. In the richest country in the world, no parent should have to lay awake at night worrying about how their son or daughter would be able to find the health care they need.

In our reform in the Finance Committee, there is great news from part of what Lynn talked about, and that is we have extended health insurance for young people on their parents' policies until age 26. That is incredibly important and very positive. But when he then goes into the marketplace to find insurance, will he be able to find affordable insurance in this new exchange we set up? The way to guarantee that happens is through a strong public option, a public choice. You don't have to choose it. That is the great thing about America. We are all about choices.

So we make sure there is a real competitor in the marketplace that is pegged to the real costs of health care and that doesn't have to worry about making a profit, that doesn't have to worry about marketing, that doesn't have to worry about other costs, but strictly providing health care and the costs of providing health care in the marketplace. Having that kind of competitor will make sure everybody is honest about the real costs associated with providing health care.

We know there are very powerful interest groups that have lined up to slow down or to stop this bill from passing, and they are bitterly opposed to a public insurance option. They know it will bring down costs, it will hold insurance companies accountable, and will bring down the overall costs for taxpayers because of what we are doing in health care reform, now and on into the future. We don't need to hear from more of those voices. We need to hear from our own constituents who are struggling every day with the rising costs of health insurance.

That is why I created my online Health Care People's Lobby, so people in Michigan can have their voices heard. We have had over 7,000 people respond. I am very grateful we have had hundreds of stories that have been shared with us. I am so grateful for all of those.

Lisa from Novi, MI, signed up for the People's Lobby, and she wrote:

> I am one of the lucky ones. We have health insurance and everyone is healthy. However, with just routine doctor visits, the time spent deciphering bills and reconciling what the insurance company paid and what we owe can be overwhelming.
>
> Haven't we all been through that?
>
> Our insurance is a primary reason my husband has stayed with his current employer at a lower salary, because most new job opportunities don't offer coverage. I strongly believe in a public option.

The reason we are here on health care reform and the reason we have a sense of urgency about it is because, as Lisa said, many new job opportunities don't provide health insurance, and we know we have to do better in this country. That is the point of creating a large pool for people who can't find insurance, don't have it through their job, to be able to pool people together and have an insurance exchange. But as I said before, to make sure that works, to make sure it is really affordable for families and for small businesses, we need real competition of a public insurance option.

Another constituent, Glenn from Sterling Heights, is 62 years old. He got laid off in December, and it doesn't look like he will be called back. He writes:

> I am too young for Medicare. I have a preexisting condition, so nobody wants to insure me. If I get sick before I can get Medicare, my savings and everything will be wiped out. This is not the way I pictured retirement was going to be. I raised four children, got them through school, and married. Paid taxes and did what I thought was right

and moral things to do. I didn't create this mess, but I am sure paying for it.

There are many people in Michigan in that very same situation that I am fighting for every day. In our insurance bill, first we have positive responses to this issue. We are going to stop the banning of insurance because of preexisting conditions. That is extremely important. We have help in this bill for early retirees to make sure we can help with the costs. But to make sure this whole system works together, we need a public insurance choice for Glenn so that if the other options don't work for him at 62 years old, he has a choice where he can go to an option that is affordable and is focused totally on providing health care for him. A public health option would give Glenn some hope. It would give him security until he is able to get to Medicare, so that he wouldn't lose everything if he had a medical crisis.

Glenn is not alone. We know 62 percent of bankruptcies occur because of the medical crisis. We know 5,000 people every day lose their homes to foreclosure because of the medical crisis.

I have literally received thousands of e-mails and stories from people around Michigan, and I wish to thank everyone who has e-mailed me, who has shared their story. We have literally thousands of stories of people who have gone through so many different experiences of worrying about whether they are going to lose their insurance, trying to figure out how to pay for their insurance, not being able to find insurance because of a preexisting condition, not being able to find something affordable as an individual going out into the marketplace. We have heard thousands and thousands of stories from Michigan, and they all say act now. Give us choice, real choice and competition.

We know having a public insurance option is the way we guarantee all of this fits together. So for my constituents—for Lynn, for her son, for Lisa and Glenn, for the 11,000 others who have signed up for the People's Lobby—I urge all of my colleagues to join with us to make sure with all of the pieces we have put into these bills that are so important and so positive that we bring it all together by including a public health insurance choice for people so that if the private, for-profit companies in the exchange are not able to give people affordable insurance, they know ultimately they can find it.

I thank you very much, Mr. President. I wish to thank my friend from Ohio again for his passion and his time and efforts, and I yield the floor back to him.

The PRESIDING OFFICER (Mr. BEGICH). The Senator from Ohio.

Mr. BROWN. Thank you, Mr. President. I thank the Senator from Michigan for her steadfast leadership advocating for workers in Michigan and across the country.

We have been joined by Senator UDALL of New Mexico, as well as Senator WHITEHOUSE from Rhode Island, and Senator SANDERS from Vermont. Senator WHITEHOUSE and Senator SANDERS played a role on the HELP Committee to put this legislation together.

Before turning to Senator UDALL, I wish to read another letter from Phil in Franklin County in central Ohio about his situation and then talk to the Senator from New Mexico for a moment.

Phil writes:

When I was 8 years old, my father suffered a stroke despite being a physically fit nonsmoker. Despite having employer-based insurance, I still recall my mother in tears on the phone with the insurance company arguing for something she shouldn't have had to: That the insurance company cover the care my father deserved and the care for which he paid.

In America, we are supposed to prize competition. It is the lack of competition that drives inefficiency in our health care system.

It has become clear that health insurers are either incapable or unwilling to reform themselves and control costs. Among the many reforms our system desperately needs, we need a public option to promote competition and keep private insurers honest.

We, your constituents, need help; we need you to represent us, not the insurance companies. As consumers, the more choices we have, the better off we will be.

Phil understands this from his mother, who was pleading with the insurance company to be fair and to live up to their side of the agreement. His father paid for insurance for years. He suffered a debilitating stroke, and she had to push and push and push. With the competition that a public option would bring, those kinds of things won't happen.

A moment ago, I was speaking with Senator UDALL. We were talking about competition. In my State, Ohio, one health insurer, WellPoint, controls 41 percent of the market. WellPoint and one other insurer control nearly 60 percent of the market. We were looking at this map. On this map, the dark purple illustrates those States where more than 80 percent of the market is controlled by 2 companies. I am not a lawyer—and I am sure not an antitrust lawyer—but I know if 2 companies have 80 percent of the market, there are a lot of games being played.

When two companies have that percent of the market, you can see why those CEO salaries I put up earlier are so high. Look at these salaries. You can see what the CEO of Aetna makes, $24 million; Cigna, $12 million; and WellPoint, almost $10 million, in my State. In Montana, 2 companies have more than 80 percent of the market; North Dakota, more than 80 percent of the market; Minnesota, more than 80 percent of the market. Two companies. In Iowa, 2 companies have more than 80 percent of the market. The same is true in Arkansas, Alabama, Alaska, Hawaii, and Maine, 2 companies have more than 80 percent of the market. The lighter color on the chart—the medium color is where 2 companies have 70 to 80 percent of the market. No wonder these companies charge so much. No wonder insurance company salaries are so high. No wonder people are denied care and have nowhere to turn, because there isn't any real competition when you have 2 companies that have 70, 75, 80, 90, or maybe 100 percent of the market.

In Senator UDALL's State, which is not quite like mine, 2 companies have only 50 to 70 percent. In Maine, it is 58 percent. I am not sure exactly what his State is. Even then, two companies have more than half the market. Insurance prices in Santa Fe, Albuquerque, and Truth or Consequences—my favorite name of a town in New Mexico—are too high, just as they are in Lima, Findlay, Zanesville, and Cleveland, in Ohio; and the service those companies bring to customers isn't particularly high quality. Those customers are denied care because of preexisting conditions, because of discrimination, and because of annual caps and lifetime caps.

Again, I thank the Senator from New Mexico, Mr. UDALL, for joining us to discuss some of these issues about his support for the public option.

Mr. UDALL of New Mexico. Mr. President, I ask unanimous consent for those of us on the floor to be able to carry on a colloquy about a public option.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. UDALL of New Mexico. Mr. President, I say to Senator BROWN that the number in New Mexico—the Senator from Ohio has a range on his chart, but the number in New Mexico is actually 2 companies controlling 65 percent of the market. So we are talking about a situation that isn't very competitive. I think that is the bottom line of what we have been hearing.

We have had our colleague from Oregon, Senator MERKLEY, and we have had DEBBIE STABENOW from Michigan, and other colleagues are here on the floor, speaking to that situation in their States, and why we should proceed with a public option.

Let me first say to the Senator from Ohio, I appreciate his leadership. I know he was on the HELP Committee, which is the one that wrote the public option we have the opportunity to put in the final legislation. He was on the committee. Some of us are getting into writing the legislation now. But one of the best public options out there is the one that came out of Senator Kennedy's committee. It has been passed for a couple of months. It is sitting right there ready to go, if we just put it in.

When we talk about a public option, what exactly are we talking about? I think people have a right to know a little bit about what we are talking about when we say public option. I think if I outline that a little bit, people will see

why it is so important to have a public option, so let me give a little bit of an outline.

First, it would be voluntary. We are not forcing anybody to get into it. We are talking about a voluntary system. So you would have a choice to get into it, based on whether it would fit your particular circumstances.

The public option would not be subsidized by the government. It would be fully financed by premiums. So this would be something where people would be paying premiums, the premiums would come in, and we wouldn't be adding to the deficit. We would be creating a good, solid insurance situation and insuring people.

We have heard, as Senator BROWN has talked about here—he put up a chart about these incredible salaries. One of the things a public option would do is you won't make profit for the shareholders. You have the opportunity to take those premiums and put them all back into health care. So that, once again, is something that is very important.

Let's look here at this chart Senator BROWN has loaned me. Look at the total compensation for CEOs of major health insurance companies in 2008: Aetna, $24.3 million; Cigna; WellPoint; Coventry—look at these salaries. There is a total, for these 8 or 10 companies, of $85 million in salaries.

What we are talking about is money being spent on health care for people through a public option. One of the other things that I think would be a hallmark of a public option would be having low administrative costs, since it operates on a nonprofit basis. One of the things you should know about these insurance companies where you have these CEOs working is that they have administrative costs in the range we have heard about, 30 percent administrative costs. So what happens here is that the money comes in on the premiums, but they spend an incredible amount of time going back and forth denying claims, telling doctors they should not put that in, they are not going to cover it, and it builds up into a big administrative cost.

The great thing about a public option is you don't have high administrative costs. One of the comparisons there, as Senator BROWN and Senator SANDERS know, is that I think Medicare has 3 percent administrative costs. Here you have a comparison of 30 percent to 3 percent.

One of the other parts of a public option I think makes a difference is exerting bargaining power to obtain discounts from providers. That could make a big difference with the public option operating out there. We would offer savings to subscribers with lower premiums. We should follow the same insurance requirements as private plans. What we would offer, through a public option, would be low cost and high value.

Basically, what we are talking about here is keeping insurance companies honest, driving the costs down, and having a competitive market.

Senator SANDERS well knows that the situation right now isn't serving the American people. I know he wants to comment on his situation in Vermont and what's going on there.

Mr. SANDERS. I do. I thank the Senator from New Mexico for his remarks and Senator BROWN for his leadership efforts here. I will say a few words.

If anyone in America does not understand what the function of a health insurance company is, let me give you the bad news. If you think the function is to provide health insurance for people, sorry, you are wrong. The function of a health insurance company is to make as much money as it possibly can. Do you know what. They do that very well. We have to acknowledge that. Insurers have increased premiums 87 percent over the past 6 years. Premiums have doubled in the last 9 years, increasing four times faster than wages.

Profit at 10 of the country's largest publicly traded health insurance companies in 2007 rose 428 percent from the year 2000 to 2007, from $2.4 billion to $12.9 billion, according to the U.S. Securities and Exchange Commission.

What we are seeing is that people are thrown off of health insurance because they committed the crime of getting sick, and they cannot get health insurance because of preexisting conditions. Well, that is the bad news. The good news is that CEO salaries are very high, and profits are doing very well.

At the very least—and I speak as somebody who believes in a Medicare-for-all, single-payer system—this country deserves a strong public option to give people the choice about whether they want a private insurance company.

With that, I yield back my time.

Mr. UDALL of New Mexico. Mr. President, I thank the Senator from Vermont.

I want to also yield to a Senator here and give him the floor—with Senator BROWN's permission. SHELDON WHITEHOUSE, from the great State of Rhode Island, I believe was also on the committee and was intimately working through the bill. It is wonderful to have him here with our colleagues talking about the idea that we have to have a public option.

Mr. WHITEHOUSE. I thank the Senator. I had the real pleasure and honor, along with Senator BROWN, of being among the principal draftsmen of the public option in the HELP Committee. When I think back on the effort we put into it, and the plan we came up with, it is astonishing to me that it is now the public option that appears to be the most contentious part of the American health care debate right now, because the bill we passed out of the HELP Committee in July was very thoughtful. It includes a community health insurance option—a national plan, administered by the Secretary of the Department of Health and Human Services. It will be available in every State and territory. It would offer benefits that are as good as those available through the private insurance plans, or better. The Secretary would negotiate provider payment rates to encourage doctors and hospitals to participate. Americans who need financial help to participate in the public option would get it. And local advisory councils would assure that the public option was sensitive to local conditions and local needs.

To be clear, this plan includes no mandate for doctors to participate, no rate setting by the Secretary, no requirement that any American buy a public option policy, and absolutely no direct link to the Federal Treasury. Other than the initial capitalization, this plan would operate solely on premium revenue—a completely self-sufficient financial model. It would have absolutely no baseline advantage over private insurance companies. The HELP Committee got here by approving a number of amendments by our friend from North Carolina, Senator BURR, to make sure of this.

Because this version of the public option was so sensitive to these concerns from across the ideological spectrum, the House Blue Dogs, moderates in the House, used a number of our provisions in the House bill to gain moderate support. In fact, the community health insurance option makes so much sense that Republicans have had to resort to illogical arguments to justify their opposition.

For example, they argue that the government should not be in the business of providing health insurance, that it is a slippery slope to socialized medicine. Well, hello, government-sponsored health insurance serves nearly half of Americans—78 million Americans—who are enrolled in Medicare, Medicaid, TRICARE, VA, and they get benefits from the Federal Employee Health Benefits Program, and so forth. We don't hear our colleagues on the other side talking about ending Medicare, closing up the trust fund, throwing our parents and grandparents out to the tender mercies of the private insurance companies. We don't hear that. I have not heard one Republican say they want to deny our Iraq and Afghanistan veterans all the Federal medical care they need when they come home. I don't see Republican Members of Congress opting out in droves or criticizing the Federal Employee Health Benefits Program.

Why? Because these programs work, because Americans rely on them, because they provide dignity and stability in the lives of millions of American families and they have not led to a government takeover of our entire health care system. Indeed, ironically, the very best program is probably the VA program where the level of government involvement is the highest, where they own the hospitals and where they employ the doctors.

Republicans have also been arguing that government involvement in the

private health insurance market will be uncompetitive and will push private companies out of business. We see the government competing competitively in a variety of markets in this country—private versus public universities, private versus government student loans, workers' compensation insurance, the Postal Service versus UPS and FedEx. The existence of public options in these markets has not swallowed up private industry. What it has done is broadened the market and enhanced the variety of competition consumers enjoy. Think how many people in America right now have a higher education because a State university was there as an affordable option, an alternative to private colleges.

Similarly, a public insurance option adds choice for consumers and adds competition in the market, and it gives private insurers a strong incentive to behave fairly and to keep their costs down. In fact, if one thinks about it, there is hardly an industry in this country where the big players are so far from being pushed out of the market. In fact, if you ask me, the for-profit health insurance industry has been doing the pushing—pushing the American people around—for far too long.

Let me give one example from my home State of Rhode Island. Two years ago, United Health Care of Rhode Island proposed to send $37 million in excess profits to its parent company, United Health Group, hundreds of miles away instead of investing that $37 million back into the system. That is $37 million in 1 year out of a State of only 1 million people in which this company only had a 16-percent market share. With a public option, that $37 million would have gone back into improving the health care infrastructure in Rhode Island, into lowering premiums, into increasing provider payments, into investing in our health information and chronic care sustainability projects and helping doctors buy electronic health records and supporting our Rhode Island Quality Institute. But no. And this after United had already sent $16.5 million out of our State in 2004, $13.4 million out of our State in 2005, and $17.1 million out of our State in 2006.

Competition is supposed to lower prices for consumers, create demand for a better product, and push bad actors out of the marketplace. I don't see that in the health insurance market. I see 10 States with the two largest health insurance companies controlling over 80 percent of the market. I see a 120-percent increase in premiums from 1999 to 2007, while wages only went up 29 percent. I see a 109-percent increase in administrative costs from 2000 to 2006—a 109-percent increase—as insurers increasingly game the system rather than competing on better quality of care, better health, and lower cost.

As I have traveled around Rhode Island, I have seen how these circumstances work out for individual Rhode Islanders.

David, a self-employed resident in Central Falls, described the astronomical rise in the cost of health insurance for him and his wife. Years ago, he paid $85 a month for his plan. Today, it is $19,000 for their annual health insurance. Despite the dramatic jump in price, the health insurance does not cover as much as it used to. David has been forced to drop dental coverage and increase the out-of-pocket expenses he and his wife pay on their plan.

He wrote to me:

I'm almost afraid to get sick because today's health plans have so many holes in them they can nickel and dime you to death.

Charlotte is a self-employed consultant from Providence. She wrote to share the difficulties she has faced as health insurance became the single largest expense for her company. She buys one of the least expensive plans she can through a small business alliance, but the premium for her current coverage increased by 35.6 percent—more than a third—just this past year, it is covering fewer and fewer tests and procedures, and she has to pay more out of pocket for needed medical treatments. She wrote to me that we needed to move forward on health care reform because 'the cost of health care is pulling the plug on my livelihood.'

For these Rhode Islanders and for millions more, there has to be a better way. There has to be a new challenge in this marketplace, a new business model, a new entrant to change the landscape of competition. Instead of competing to lure the healthiest patients, plans should have to compete on quality. Instead of developing a better claims denial procedure, plans should have to develop a better customer service department. Instead of paying executives tens of millions of dollars per year, they should make sure working-class Americans can afford safe and secure health coverage.

Need I remind us that our health care system is teetering on the edge of collapse and the status quo is not sustainable. Over 80 million Americans were uninsured at some point during 2007 and 2008. As many as 100,000 Americans are killed every year by unnecessary and preventable medical errors. Life expectancy, obesity rates, and infant mortality rates are embarrassing by most international measures. The annual cost of our system is closing in on $3 trillion and is expected soon to double. We spend more of our GDP on health care than any other industrialized country, double the European Union average. More American families are bankrupted by health care costs than any other cause. There is more health care than steel in Ford cars. There is more health care than coffee in Starbucks coffee. It is out of control.

We have two choices: We can derail and delay this debate until unpalatable solutions, such as throwing people off Medicare, drastically cutting coverage, or paying doctors much less, are our only remaining options or we can do what Americans have always done when faced with a tremendous challenge, and that is to innovate our way out.

Government is not the enemy in this undertaking. Americans, with a helping hand from their government, have done great things time and time again. We put a man on the Moon and an explorer on Mars. We built a Peace Corps and the Marine Corps. We virtually eliminated polio and smallpox. We built the National Institutes of Health and the Federal Highway System. We have mapped the human genome. Government helped then, and it can help now through an innovative public plan.

Let me make one last point. My Republican colleagues have argued that a public option would drown out private competition and amount to a government takeover. In many places from which they made that argument, the facts at home disprove that contention. Twenty-five States actually provide health insurance benefits through public plans. They actually provide health insurance benefits through public plans in their workers' compensation systems.

For example, Kentucky, represented so ably by our distinguished minority leader, is home to Kentucky Employers Mutual Insurance, a State-run public fund which has operated in the State since 1995 and now provides health insurance benefits to 24 percent of the workers' compensation market in a competitive market.

In Wyoming, the home State of the ranking member of the HELP Committee, Wyoming's Worker Safety and Compensation Division delivers all the health care in the workers' compensation system. They have a single-payer public plan. There has been concern expressed that a government plan will give terrible customer service. I doubt that the Wyoming plan would last very long if it gave terrible customer service.

In Arizona, so ably represented in this Chamber by Senators MCCAIN and KYL, since 1925 SCF Arizona has provided health insurance benefits through the workers' compensation system, and it now has a 56-percent market share in a competitive market environment. To those who have said you cannot have a government plan because it will necessarily crowd out private insurance by virtue of an unfair competitive advantage, Arizona belies that argument. It has been that way for 80 years, since 1925.

To my knowledge, those who criticize the idea of a Federal public option for health insurance have not criticized the role—often a decades-old one—of public insurance plans in their own States' workers' compensation insurance markets.

We have in front of us an opportunity for a new day in the American health care system where affordable, quality health care is available for everyone; where doctors and hospitals are paid for value, not volume; where you cannot lose coverage because of an illness

or preexisting condition; where insurance company bureaucrats do not come between you and your doctor; where care is not rationed by your family's ability to pay; where every American gets the best health care the country's medical system has to offer.

I support the public option because I see that vision for the future, and I think a public option can get us there. I also see this lesson of the past: that an industry—the private insurance industry—that has put its own financial welfare in front of the physical and mental health of its customers for years, over and over again, cannot now be trusted on its own to lead us into that future, not without a push in the marketplace, not without the kind of push in the marketplace a public option will give.

Mr. BROWN. Mr. President, I thank the Senator. I was intrigued by much of what he said.

We are also joined on the floor now by Senator BENNET from Colorado, and Senator CASEY and Senator UDALL are still with us.

When the Senator from Rhode Island talked about the Rhode Island experience, I remember while we were drafting the public option language in the Health, Education, Labor, and Pensions Committee, on which Senator CASEY and now Senator BENNET sit, the Senator talked about what a disaster Rhode Island's workers' compensation system was because of the corruption in private insurance and the high costs and that the Senator from Rhode Island introduced a public option into private insurance there. Many States—I believe roughly half the States—have a public option as Rhode Island does and the experience of the Senator from Rhode Island with bringing in this competition.

My understanding—and correct me if I am wrong—is that the public option not only made private insurance operate more efficiently and made private insurance more honest, if you will, and helped to sort of flush the corruption out, but I would guess competition from the private insurance industry made the public system a little bit more nimble, too, right?

Mr. WHITEHOUSE. We actually pretty much had a complete meltdown in the private insurance market, so we had to put in a public option to provide any workers' compensation insurance. But the private insurance companies had written off our marketplace because their business model was impossible to maintain for any reasonable cost. We knew that with good reform in the system and with a public option to implement that reform, we could reduce those costs.

What has happened is two things. It used to cost $3.93 for 100 hours of payroll for workers' compensation, the year after this went through and got stood up. Today, it is $1.74. It is more than 50 percent cheaper in Rhode Island. The model that was set by the public option, a new business model that focused on prevention, on getting people back to work, on better quality medical care, has actually attracted the private industry back into the market.

Mr. BROWN. So the private companies are making money.

Mr. WHITEHOUSE. They are back in and making more with the leadership of the public option.

Mr. BROWN. A lot more honest and a lot more efficient.

Mr. WHITEHOUSE. And they improved their business model, so they are now delivering better quality care, getting people back to work sooner, reducing medical costs by getting people back to work, and providing better quality care. It has been a very successful story from a cost point of view.

It used to be the worst issue for the Rhode Island business community. They were nuts about workers' compensation. We literally had torch-lit parades, and nobody has heard about the issue in a decade because the public option has led the way.

If you think the business community is scared about a public option, go to a State where there is a workers' compensation public option. I think you will find they support it.

Mr. BROWN. I think we can safely predict that 10 years after the President signs a good health care reform bill in November or December which has a strong public option similar to the language our Health, Education, Labor, and Pensions Committee drafted and the House Energy and Commerce Committee passed, we will see the same kind of thing; we will see a more efficient but still profitable health insurance industry, with a public option disciplining the market and keeping prices in check. We no longer will have people denied care because they have a preexisting condition or denied care because of an annual limit or a lifetime limit on coverage. We will no longer see the kind of discrimination in the marketplace we have seen from all of these private companies.

Before turning to Senator CASEY, who has brought the bill to the floor with him tonight to talk about the legislation itself which he helped draft in the Health, Education, Labor, and Pensions Committee, I want to mention that today we submitted a letter to Majority Leader REID that pretty much all of us on the floor signed. Some 30 Senators signed a letter to him today calling on him to support the public option and putting that on the bill when we bring the bill to the floor in the next couple of weeks.

Again, before turning to Senator CASEY, I wanted to read another brief letter I received from Ohio—Kathy from Medina. Kathy writes:

I own a small business with three employees. With the current economy, I can no longer make payments on our health plan. We were paying $2,000 a month for our plans and were told we needed at least 10 workers to negotiate a more affordable plan. After dropping our plan, I had to see a doctor because I had difficulty breathing. I now have to see a cardiologist and endocrinologist. I am still in shock at how quickly my health turned into a serious condition. In just a month's time, I have almost $7,000 in medical bills and I still have further tests and treatment ahead. Unless there is health reform, I will be just another 55 and over American not taking my meds or seeing a specialist when I should because of the high medical bills. It's been upsetting just being seriously ill, let alone facing financial hardship.

I am certainly not a doctor, and I don't know Kathy except through this letter, but you have to figure the anxiety of figuring out her business and trying to manage her health insurance; going without health insurance and her fears are probably making her health and her situation worse. That is why Senator CASEY worked on helping us write the legislation on what you do to give incentives to small business owners to buy insurance, understanding this whole bill will mean that everybody has insurance and so those with insurance no longer will have to subsidize—a tax, really, at $1,000 a year—all those uninsured.

Everyone who pays insurance pays about $1,000 a year more for their insurance to compensate for those who go to emergency rooms without insurance and go to doctors and don't pay. They have to recapture that money from somewhere, and it comes from all those who have health insurance. That is one of the most important parts of this bill, to get at the cost.

Senator CASEY.

Mr. CASEY. I wish to, first, thank Senator BROWN for keeping us organized and focused on this issue. When we went through the work of our committee this summer—some 60 hours of hearings and many hours prior to that walking through the bill—there came a point in time when we realized that if we were going to be strong supporters—and we were and still are—of the public option, we needed to define it, we needed to make it readable and understandable to people, and also we needed to fully articulate what it means to have a public option.

A number of people went to work on that—and the two principals of that are with us tonight: Senator BROWN and Senator WHITEHOUSE—spending hours and hours trying to get this right. Contrary to what we have seen in some of the debates and some of the coverage of this issue, this is not very mysterious and it is not theoretical. If you look at the bill—and I will get to sections of the bill in a second—this is meant to be a choice for people. It is voluntary. It is the first word of the section—and I will go through that in a moment.

What we did today, when we sent the letter to the majority leader that Senator BROWN referred to, we outlined very succinctly what this is all about. Let me read two or three sentences from the letter we sent today. In the second paragraph, we say:

Without a not-for-profit public insurance alternative that competes with these insurers based upon premium rates and quality,

insurers will have free rein to increase insurance premiums and drive up the cost of Federal subsidies tied to those premiums.

In other words, unless we have some competition, the insurance companies have free rein to keep jacking up prices. That is what we are living through right now. That is what virtually every American has a concern about. We have a concern about cost. If we don't have competition for insurance companies, they will have that free rein to keep driving up cost.

What is wrong with competition? I thought that was the American way. But I think some people have lost their way in part of this debate. Competition and choice, that is what this public option is all about.

Later in the letter we say this:

It is possible to create a public health insurance option that is modeled after private insurance—rates are negotiated and providers are not required to participate in the plan.

Very simple. Part of this legislation has features to it that are very similar to Medicare—a public insurance program that has worked real well for generations of Americans. But it will also have some of the requirements that insurance companies have to live by. Let me go through a couple of those.

First of all, a public option, in terms of the process starting, would have to get government funding to start. In the way of resources, the government would pay for the first 3 months of claims as a way to capitalize it initially, but then it has to pay back any kind of capitalization over a 10-year time period.

What we are talking about is a program, State by State, that would be self-sufficient. It is very important for people to understand that. This would be self-sufficient. Senator WHITEHOUSE talked about this a moment ago, and it needs repetition and reiteration. It would follow the same rules as private plans by defining benefits, by protecting consumers—we hope any entity would do that—finally, by setting premiums that are fair based upon local costs.

So this isn't some theory. This isn't some idea we don't know how it will work. We know exactly, and the American people know exactly, how this will work because we understand what it is like to deal with a system where the insurance companies have virtually unlimited power to deny you coverage if you have a preexisting condition, for example. The bill also makes that illegal under the bill we passed in the HELP Committee this summer. But also, insurance companies right now have free rein to jack up their prices.

I know there are some State-by-State limitations on that, but mostly free rein exists to do whatever they want. Without a public option, that is what we will have going forward. So if you like costs going up, then you should be against our proposal because costs going up is what we are going to have more and more of if we don't have a public option.

One of the important features is that there be State advisory councils—councils set up in each State, made up of providers and consumers to recommend strategies for quality improvement. So this isn't going to be some Washington control here. You are going to have lots and lots of accountability at the State level, and States would share in the savings that result from that kind of accountability.

Finally, the notion it is a voluntary program. The providers would have a choice of participating in the public option and there would be no obligation to do so. I point to the bill for this reason. When we were in our States this summer, I remember going back to Pennsylvania and reading about Senator BROWN's public forum in the State of Ohio and I was reading about others as well and learning about what was happening in other States. We had our public forums. I spoke to thousands of people over the course of a couple weeks.

One of the things I would say to the audience when we had our public forums is, Look, if you walked in here today and you don't support the public option, I ask you to do one thing: Read the bill. Well, the final version of the HELP Committee bill that I am holding right here was 839 pages. I wasn't asking them to read every page, but what I said to them was: If you don't support the public option, just read that section, which is right now 19 pages in the bill. Section 3106, Community Health Insurance Option. In the bill, it is from page 110 to 129. So it is 19 pages in the bill. I said: Look, spend some time taking a look at it.

I remember at the one public forum, someone who disagreed with my point of view on the public option went at me verbally and said: You are going to force people to go into these public options. I said: That is not true. Of course, saying it doesn't always end the argument. So, then, I would hold up the bill and I would say: Let's go to section 3106, and I would read from section 3106—I know the camera can't see this—subsection (a). The first two words of this section—other than the heading of it—are ''voluntary nature.'' That is the subheading. So I would read part of that section and say: This is voluntary. Voluntary for any American who goes into the exchange and may decide they want to stay with their own private insurance coverage or may want another—a different—choice. So they can choose this.

It was important for people to understand that in a long bill we at least spent 19 pages to get this right.

There is a solvency standard in here, for example. This isn't some theory we dreamed up in Washington. We know solvency is important; that a program such as this, in an option such as this, has to meet basic solvency standards. Senator WHITEHOUSE spent some time talking about that and helping Senator BROWN and others craft that, along with Senator UDALL, who is with us here tonight. It is voluntary. It has to be self-sufficient.

There is even an audit section. If you want to get into the detail, there is even an audit section. So that when you have administrators, there is a measure of accountability, in terms of auditing.

There are a lot of parts to this that we could go through. The important point, though, is that unless we inject some choice into this and some competition, I am not sure the American people will believe we have done our job. We have said over and over again that among the basic elements of any final health care bill is that we have to have a total commitment to prevention, so we can prevent disease and conditions from leading to bad results for an individual and their family, and prevention will also help us save money at the same time; that any health care bill would have to have choices. If someone wanted to stay with their private coverage, they could do that, but if they wanted other options, we are trying to give them a public option; that any kind of health care reform would have to have quality standards. This will help ensure more quality standards in our system. So I don't believe we can get to where we want to get to in the end unless we have a public option.

Let me make two or three more points, and then I wish to have my colleagues rejoin this discussion and also talk about what we are trying to do. There are a lot of discussions—and I know my colleagues saw these in these public forums where we would have someone stand and say: I don't like a government program or I don't like government in our health care, as if we have a system now that is 99 to 1—99 percent private and 1 percent public. I would remind them—and these are some overall numbers, but it is important to remember—that we have a Medicaid Program right now that at last count had over 60 million people in it—60 million Americans. We have a Medicare Program with about 45 million Americans. Then you go to VA health care, and at last count it has 7.8 million Americans.

So when you go down the list of programs right now that are government-run programs for health care, you get a large number of Americans—well over 100 million Americans—and their families who benefit from those programs, and you get a commitment from the Federal Government year in and year out to make sure we have that kind of coverage for those who happen to be poor, those who happen to have particular health care challenges, those who happen to be over the age of 65, those who happen to be veterans and who need health care coverage. So we have an American system right now that has a lot of private coverage, but there is a lot of coverage through government programs that even people who oppose some parts of this bill, the last time I checked, don't want to repeal. I haven't found anyone who wants

to repeal VA health care or who wants to repeal Medicare.

I think we have a system right now that is not working in large measure, but there are some things that are working well. We are trying to improve both ends of this, the public health care end of this and the private health care part of our system.

Mr. WHITEHOUSE. Will the Senator yield for a question?

Mr. CASEY. Sure.

Mr. WHITEHOUSE. With respect to your observation that we don't see a lot of outcry about ending Medicare, about ending VA health care, and other government programs, Senator BROWN has been remarkable about coming to the floor regularly to read the true-life horror stories that our present health care system inflicts on Americans and American families across the board. I have brought a great many Rhode Island stories to the floor. We all have this experience.

I am interested in the evaluation the Senator from Pennsylvania might make in terms of his own experience and his own constituent contacts in terms of those heartbreaking stories you get. Do you hear a lot of heartbreaking stories from people in Medicare; people being thrown off for preexisting conditions? Where in your experience have the real heartbreaking stories come from in Pennsylvania?

Mr. CASEY. I will give you an example. In our State, just in terms of age categories, we have, in terms of children up to the age of 18—we have a 5-percent uninsured rate. It is still too high. Until it gets to zero, we have not done enough, but that number is way down. So we have a diminishing number of children who are uninsured largely because of efforts and initiatives such as the Children's Health Insurance Program. Then, on the other end, those who are over the age of 65, they have Medicare.

Where I am getting the real-life stories from people, people who send e-mails to our office just like to Senator WHITEHOUSE, or people who do it the old-fashioned way, who actually write a letter or people you see in a public forum or on the street—they are coming to us in that age category, 19 to 64. In our State, that number of uninsured is 12 percent, more than double the number of uninsured children.

For example, I got a letter in February from Trisha Urban from the eastern end of our State near Reading in Berks County. Here was her story in summary.

She was working; her husband was working. But he was trying to advance, as we always tell people we want them to get more education. So he was trying to finish his doctorate. In order to finish that he had to take an internship. The internship did not have health insurance coverage. The coverage they had, ultimately they lost.

Here is Trisha Urban who was working, and her husband was working as well. She was working four different jobs. They lost coverage and then they started to run up bills. Then she became pregnant. While she was pregnant, her husband, who had a heart problem, missed an appointment because they were worried about paying for the doctor visit for her pregnancy and also worried about the doctor visit for his heart ailment. So he skipped his appointment because of his heart problems.

Time goes by, a couple of weeks go by, and all of a sudden her water broke. She was preparing to go to the hospital in a couple of hours, her husband went out and did a few errands, came back to the house, and as she was walking out of the house to go into the driveway to join him in the car to go to the hospital to deliver her baby, she looked in the driveway, and her husband is on the pavement of the driveway dead because of his heart condition, a preexisting condition which, thank God, in our bill, in the first section of our bill, we make illegal. It should have been illegal a long time ago. I still find it hard to believe that we live in a country where we have allowed insurance companies to do that to people.

She went out and found her husband dead. An ambulance came to take her to the hospital to deliver her baby, and the other ambulance came to pick up her husband.

That is the kind of story we hear in Pennsylvania and across the country because of our system. There is no reason we should tolerate this and let it go on any longer. We have a chance to change it.

One of the ways to move it forward is by making sure we have choices and competition in a public option.

Mr. BROWN. Could I ask Senator CASEY a question? I thank him for that story. Of these stories of people in private insurance, that is as tragic a story as you will ever hear. We have these letters I have read and these stories from Senator WHITEHOUSE, Senator BENNET, Senator UDALL, who have come to the floor and read these letters from people who thought they had pretty good insurance and something happened and they lost it because they have gotten too sick or they lost their job and they can't afford COBRA and all that.

I want to ask the Senator a question. You mentioned early in your comments about the costs going up. I want to put this chart up and ask about this. Senator BENNET from Colorado will speak in a moment. These are costs under Medicare Advantage. The government, as you know, provides, in large part because of insurance company lobbying, plain and simple—the government provides all kinds of subsidies to Medicare Advantage plans.

These are not most of the Medicare beneficiaries. Most Medicare beneficiaries, 75 to 80 percent of them, are in what is called regular fee-for-service Medicare. Some are in a more privatized Medicare. The government writes checks to insurance companies. You can see how insurance companies have extracted more and more taxpayer dollars as their salaries have jumped and jumped. The poster that Senator UDALL was showing, that I showed earlier, the executive salaries of Cigna and Aetna and these companies have gone into the tens of millions of dollars, in some cases. These subsidies—in 2004 they got $4 billion; by 2005, $5 billion. Now the insurance companies basically get a check from the Federal Government for $11 billion.

Talk for a moment, if you would, Senator CASEY, about what if the public option is competing with these insurance companies. What will it do to these costs as these insurance companies continue to extract more and more money, with their lobbyists, from the government, as they have tried to privatize Medicare?

The public option, talk about what it would do about cutting costs so people like your friend in eastern Pennsylvania—those kinds of things don't happen to them.

Mr. CASEY. I think it stands to reason if you have, as we do in a lot of States, one or two or a very small number of insurance companies that dominate the marketplace, sometimes a lot more than 50 percent of the marketplace but in other cases—in our State we have two that have control over at least half of the marketplace. That alone is bad enough.

Mr. BROWN. In this poster—we talked about it earlier; Senator UDALL mentioned it too—some States, yours and mine are a little bit better. In some States—Montana, Alaska, Hawaii—lets go down to Minnesota, Iowa, Arkansas, Alabama, Maine—two companies have more than 80 percent of the market. Two companies control 80 percent of the market, which means there is no price competition. In some States it is 70 to 80 percent, in Ohio, Pennsylvania, Rhode Island—I am sorry Rhode Island has two companies more than 80 percent also. In all, about almost 10 States.

But in our States—Pennsylvania, Ohio—large States, States with populations over 10 million people, each of those has more than 50 percent. In my State one company has 41 percent; the two largest companies have 58 percent. In Pennsylvania, two companies also have more than 50 percent.

Mr. CASEY. It just stands to reason. If you don't have competition, you have no incentive, no pressure to keep your rates at an affordable level. I do not understand why anyone, in the midst of this debate, is against choice and competition. Both are the central pillars of why we need a public option. What do we do for our health care system? I don't understand the logic.

One point we should make, and we address it in the bill—we will not spend a lot of time on it—we should all remember, you look around, we have 100 Senators. Everyone in the Senate, and all of our families, everybody in the House, and then you add other millions

of Federal employees, we have a pretty good deal because we have a system where, as I look at some of the features of the public option, we have a pooled purchasing power.

If you have millions of Federal employees and their families who are in the same pool, that brings costs down. We are trying to get more and more Americans the same opportunities we have, to be in a pool that big and to keep costs down. For the life of me I cannot understand why someone would not like that, especially people who benefit from it and their families who benefit from what the Senate gets.

I have been blessed to have that kind of coverage because I happen to be in the Senate. But every seat here, and then add millions more Federal employees, gets this opportunity because we are in a large purchasing pool. I don't know why a small business owner should not get the same opportunity, a business owner paying through the nose.

I know Senator BROWN has seen this in the State of Ohio. You have heard from small business owners, time and again, haven't you, about what they are paying every day? What we are saying is, if it works for and if it is good enough for Federal employees to get the lower cost/benefit of a large and open purchasing pool, why isn't it good enough for the rest of America?

I say it is not only good enough for them, but we should make sure they have the same opportunities as small business owners or as part of a family. That is one of the reasons the public option makes lots of sense.

Mr. BROWN. Let me read a note from a small business person. I get so many letters from small businesses. You know, like most Americans, they care enough about their employees, their fellow employees, their friends, they want to provide insurance. Almost every small business person I have talked to who is struggling with health insurance wants to find a way to pay for insurance for her or his employees, and so often they can't.

Let me read a letter, Kathy from Crawford County, which is Bucyrus, Gallion, Crestline, just west of where I grew up. She says:

I am the owner of a small telephone contracting firm. Needless to say, we've been hit hard by the recession.

But our main concern is the staggering cost of health care for our employees. We started the company in 1990 when we were able to fully pay for health insurance for our employees.

But since 2000 our premiums have increased over 250 percent. In 2008 our increase was 37 percent. In 2009, it was 24 percent. We have searched for other health insurance companies but because of the pre-existing conditions of [some of] our employees we cannot switch to anyone else.

Along with the economy, the cost of health care makes it a challenge to stay in business.

This happens too often. That is why in the legislation we wrote in the Health, Education, Labor, and Pensions Committee, we made special provisions for small businesses. If you have 20 people or you have 5 people, if 1 of them gets very sick and costs the pool of 15 or 20 people exorbitant amounts of money, the insurance company either raises premiums so high—increases, as Cathy said, 37 or 24 percent—or the insurance company sometimes cancels the insurance. Either way, it is a terrible hardship and a tragedy for the small business and a tragedy for so many employees.

If we do this right, we enlarge the pool by allowing these insurance companies to go into the insurance exchange or the public option, if they choose—an option. They also get a tax credit. They get a break that way and they are much more likely to be able to afford their insurance.

Let me turn to Senator BENNET, who is a new member of the Health, Education, Labor, and Pensions Committee. He has been outspoken for the public option. Senator BENNET?

Mr. BENNET. Mr. President, I actually am here to talk about something else, but I was so inspired by what the Senator from Pennsylvania and the Senator from Ohio and the others have said, I want to spend a few minutes on this issue. Part of it is I just don't understand what Washington doesn't understand about what our working families and small businesses are going through.

In my State over the last 10 years, median family income has actually gone down by $800 in real dollars. The cost of health insurance premiums have gone up 97 percent during the same period of time.

There are people who want to leave the system just the way it is, but the result of having flat income for our working families and small businesses, and for those costs going up 97 percent—by the way, in my State the cost of higher education has gone up 50 percent at the same time. The cost of health insurance, up 97 percent; the cost of higher education up by 50 percent—this is tough on the middle class. It is tough on small business owners in my State.

The result is, if we keep the status quo—there is a great irony of the arguments to keep the status quo—by default, we are putting more and more people off private insurance and more and more people either on public insurance or having the benefit of uncompensated care.

We have seen in my State, you can see it on this chart—probably not all that well—small business spends 18 percent more for insurance than large business just because they are small, and fewer and fewer people in Colorado are able to get coverage at work. Before this recession started it had already dropped roughly 10 percentage points; the percentage of folks who were getting insurance from their employer, from our employer-based system. You can see, the Senator from Ohio certainly can see, the percentage of small businesses in my State able to offer health insurance has declined dramatically.

Where do these people go? They either end up on Medicaid or they end up showing up in the emergency room where they are treated with uncompensated care, the most expensive way we can deliver health care in the United States of America.

We have a wonderful public hospital in Denver called Denver Health, where they do an amazing job at a much lower cost than a lot of other hospitals.

I was told by the woman who runs the hospital—her name is Patty Gabow, a gifted administrator—that they had done a study and they discovered they had spent $180 million in 1 year on uncompensated care for people who were employed by small businesses. These were not unemployed people, these were not people who could have had access to Medicaid, but people employed by small businesses who could not afford health insurance.

So I think one of the ironic things about the debate we are having is the failure to recognize that the status quo is creating a situation where fewer and fewer people have private insurance and more and more people are moving into public insurance. But it is not being done in a thoughtful way. It has not been constructed that way. So I think that is one of the reasons it is very important that we are having this debate.

I tell the Senator from Ohio, I am sure he had this reaction when he was on recess. I certainly did. I had townhalls all over the State. What I kept hearing from people is this, and this is the reason I support a public option. They would say to me: MICHAEL, we paid every single year, year after year after year, into private insurance. Every year, we did what we were supposed to do, and then when we needed it, it was not there for whatever reason. Because somebody on the other end of the telephone told them: You are not covered, or the fine print did not cover you for that problem or your child for that problem. They deeply resented the fact, as I would, that someone earned a profit off that commercial transaction.

That is the thing about insurance. It is not like going to the store and buying a loaf of bread or a gallon of milk where you know what you are getting in return. Many people who buy private insurance year after year don't know what they have until they need it and they don't know what they have lost until they lose it.

Having a choice, just another option that is out there, not a government takeover of health care but a choice that empowers working families in my State to make the decisions that are in the best interests of their family or their children—as a father of three little girls under the age of 10, I can understand why people would want that choice. I am not scared by the choice. We have to design it properly, and the HELP Committee did a very good job

designing it, in answering a number of the charges that have been made against it. We may be able to do a better job in the final legislation.

The final thing I am hearing from people in Colorado is: If you are going to mandate that we have insurance, if you are going to require that we have insurance, you better make it affordable. You better not tell me I have to have insurance and make it unaffordable. You better not tell me I have to have insurance and I have to change the plans I have for my family.

The public option provides one more choice for people, an affordable choice for people. We have to do a lot more to drive down costs, as I and others have talked about on this floor. But we need to do this right.

I understand, I come from a State where we have a lot of diversity of opinion on a lot of things, and there is a lot of concern about the way the system works today, and there is a lot of concern that we are going to make it even worse. I think we need to elevate the standard of the discussion we are having to the standard that we had, that the people of Colorado had in townhall after townhall, which, by the way, no one would ever have any interest in putting on TV, I am proud to say. We need to elevate the standard of the discussion in Washington so that we can produce a result that has something other than double-digit cost increases year after year for working families.

Mr. BROWN. Will the Senator yield for a question? I heard what you said about buying a loaf of bread and how buying insurance is different. Before you were in the Senate, you were the superintendent of the Denver public schools and were very successful in business before that. When you talk about how insurance companies deny care and insurance executives get paid well, talk for a moment about the business plan. When you were an entrepreneur and you were a businessperson, you obviously had a business plan. Talk to us. Share with Senator UDALL and me and others what the business plan of a health insurance company is in particular.

Mr. BENNET. I appreciate the question. I will say that I used to make my living buying bankrupt companies. So these were companies that were actually fairly well managed but capitalized really poorly, and our opportunity was to buy them, capitalize them properly, produce a business plan, as you are describing, and make sure the people who worked for them, the people who benefited from them continued to be able to do that.

You know, as a capitalist, I look at the state of our health insurance industry and our health delivery system and I can almost not believe what I see. We have 44 counties in Colorado. Every one of those counties has a convenience store, at least one, some many more than one but at least one. With the exception of the loose beef jerky that is on the counter, there isn't anything in there that doesn't have a barcode on it. It is 1970s technology that our small business owners in Colorado know is critical to managing their inventory, critical to allowing them to be competitive and giving their customers what they need.

Only 3 percent of hospitals in this country have that technology. One out of every 25 doctors has that technology, which is a really simple thing. And it is the reason why—as a parent of three little girls or if you are caring for a parent of your own, it is so frustrating when you go in and you have to explain over and over again what the last person just told you simply because we don't have a system of electronic medical records.

Then, on top of that is a business model where, unlike everything else in our society, every year the cost goes up and the quality to the customer goes down, which is what we see with insurance. We don't see that in other parts of our private marketplace. We don't see that in other parts of our private marketplace where people are incentivized to compete on price, on quality, on customer service. And it is why it is not just enough to have a public option. We need a public option, but we also need commonsense regulation of insurance so that we start driving a marketplace that actually makes sense.

Mr. UDALL of New Mexico. Senator BENNET, one of the things that is happening—and your chart there really explains it, and I wanted to get you to talk about this a little bit—your chart says: Rising health care costs are hitting small businesses the hardest and forcing all Colorado businesses to make tough choices.

That is exactly what is happening in New Mexico, exactly what is happening in Ohio. And really what we have going on here is very hard-working, good small businesspeople who want to give their employees insurance. I hear that. I know the Senator from Ohio said that a number of times when he read letters. They want to give that insurance, but they can't. They search around, they can't find policies they can afford, and so they are really stuck. And I can give you a list of examples in New Mexico.

One of the things you pointed out on your chart is that even before the recession—even before the recession—fewer Colorado small businesses could offer coverage. I was wondering if you could talk a little bit about the small business situation because most of these people are working without insurance.

Mr. BENNET. I appreciate the Senator from New Mexico raising that. I remember a florist I talked to, a family-owned business since 1972 in my State, and he is now down to no employees, just his wife and himself. They are running the shop. They had health insurance for many years, and they took it, as so many small businesses do, as an article of faith that part of their job was to offer insurance to their employees, to make sure their employees had the benefit of insurance. Now they are the only two employees. There is no one working for them. They do not have health insurance themselves.

Their daughter has been admitted to the University of Colorado. He said to me last week: MICHAEL, what was she supposed to do when she got to the box that said check the box if you have health insurance? If you don't, you have to pay this terrible fee.

So, first of all, people are having to make choices they should not have to make and they would not have to make in a rational private market that was working well. That is one of the issues.

The second thing is, as you know—I am sure it is true in New Mexico, and it is certainly true in Ohio—most of our jobs are created by small businesses. Depending on the numbers you look at, roughly 70 percent of our jobs are created by small businesses. And a higher percentage of those jobs are going to be responsible for the recovery that hopefully we are about to have in this country. It is harder and harder to do that if you are carrying the freight of double-digit cost increases in insurance every single year.

The last point I want to make—every small business owner understands this—as small business owners try to hang on to insurance for their employees and the price of that goes up and up, what that leads to is a choice between holding on to the insurance and compressing the wages of the employees because you can't do both. You can't give people the increases they deserve in their compensation and at the same time hold on to health insurance. So that is a reason we have seen all across this country, actually, a decline in median family income. It has gone down by $300 over the last decade in the country, $800 in my State, while the cost of insurance has gone up by 97 percent. That wage compression is directly linked to the problems people have holding on to insurance.

I appreciate the question. I yield.

Mr. BROWN. I thank the Senator from Colorado for his good work and his very good description particularly of how the cost of health care affects small businesses in such a negative way.

We will wrap up in the next 10 or 15 minutes.

Earlier today, a group of Democratic women Senators came to the Senate floor to talk about health care. And some of the things that amaze a lot of us as we work through this, some of the things we hear—in several States in this country, being a victim of domestic violence is considered a preexisting condition. There are women in this country, believe it or not, who have been victims of domestic violence. Insurance companies have said: You cannot get insurance because of that because, presumably, you might be abused again, you might be hit again,

and it would cost us, the insurance company, far too much money. So, believe it or not, they actually can't get insurance because of that. Obviously, this legislation makes that—as Senator CASEY says, there will be no more preexisting condition denials of care, no more discrimination based on gender, based on geography, based on disability, based on age.

One of the other things the bill does that is important is it will eliminate copays for things such as mammograms. We want people, particularly when they get to be my age, when they are in their fifties, we want people to go in and get the right kind of preventive care and get the right kinds of tests. People should have a colonoscopy when they are 50, and people should be tested by mammography and should have mammograms and all of that. I mean, none of us probably goes in as often as we should for the preventive care and the tests, but an awful lot of people would like to do that and simply can't because of the cost.

This legislation would say: If you are going in for something like a mammograms or for something like a colonoscopy, there will be no copays. It will encourage people to get into the system. Then, if they are diagnosed with cancer, they are diagnosed typically in the early stages, and it is certainly more likely to save their lives, and it is much less expensive as a result of going into the system earlier. So it ultimately saves us money by telling insurance companies: You are not going to do that anymore.

That is so clear to me, that if we are going to do this right, we need to make sure women are treated better by this system, no longer preexisting conditions and all that.

I will close and then turn to Senator UDALL or Senator BENNET, if they would like.

I have another letter I got—exactly what I was talking about.

Darlene from Mahoning County:

I lost my job in May 2007 after 27 years with the company. For a while, I did not have any health problems. I paid for private coverage with my unemployment check and savings. Within the last year, I started having medical problems. I was diagnosed with diabetes. I had back surgery in July to relieve severe back pain. I now have to pay premiums with my savings. When my savings run out, so will my insurance. Please do something to help.

She is not yet eligible for Medicare.

So many of these letters just cry out: I am trying to get through the next year or the next 3 years, the next 6 years, whatever, until I am eligible for Medicare, I am just trying to get through. And it really is a call for help, and it really is a plea from people in my State, people in Warren and people in Bellaire and people in Gallipolis and people in Crestline: Please help us in these years when we are in our late fifties, early sixties. We are going to be in Medicare pretty soon. We know Medicare works for us. We know this government program works, a program that doesn't look much different from the public option. But I need just a few more years. It is a time in my life when I am starting to get more aches and pains or worse. It is a time in my life when I am much more likely to get sick, to get an expensive illness, when I am 56, 58, or 63.

These are people who know they will be embraced with a decent health care system. They know they will be in a decent health care system when they get to Medicare age, when they get to be 65.

They have friends who are in Medicare, and they know Medicare works for them. That is as good a testament to the public option as there is. Those are the kind of letters I am getting from people saying: Please include a public option. I am 58 years old. I am not yet eligible for Medicare. I was diagnosed with diabetes. I need to do this; I need to do that. That is what is so very important about the public option.

I yield to Senator UDALL.

Mr. UDALL of New Mexico. One of those charts you put up over there emphasized the point of competition in the marketplace and how much we need competition. We joined together with the majority of our colleagues in the caucus to sign a letter to our leadership. I think one of the paragraphs in this letter is particularly persuasive. The Senator's signature is the No. 1 signature on this letter, but we wrote:

Opponents of health care reform argue that a public option presents unfair competition to the private insurance companies. However, it is possible to create a public health insurance option that is modeled after private insurance. Rates are negotiated and providers are not required to participate in the plan. As you know, this is the Senate HELP Committee's approach.

This is the public option we are talking about that was passed out of the Kennedy committee and is available to be inserted in the bill on which we are going to vote.

The major differences between the public option and for-profit plans are that the public plan would report to taxpayers, not to shareholders, and the public plan would be available continuously in all parts of the country.

So small business people in New Mexico would have an opportunity to get into this public option insurance plan.

The number one goal of health reform must be to look out for the best interests of the American people—patients and taxpayers alike—not the profit margins of insurance companies.

We have to get competition into the market. We know that health insurance markets are effective monopolies or in some cases duopolies. In New Mexico we have two companies that hold 65 percent of the market. There is no incentive for competition. There is no incentive for lower cost. In fact, what we do under the law is, we allow these insurance companies to be exempted from antitrust laws. For most of the other businesses in America, we have those antitrust laws out there, and the Justice Department and various State attorneys general can move in to bring competition when there gets to be too much consolidation of power. We don't have that when it comes to insurance companies. As a result, we see premiums skyrocket; in my home State of New Mexico, 120 percent skyrocketing premiums.

As I wrap up, I want to talk about a New Mexican, a woman from Raton. I met her at a townhall in August. She received a renewal notice. Her premium had gone up 24 percent alone this year. She can't afford an increase, but she doesn't have any other option. A public option would bring that woman the ability to get into a health care plan and take care of herself. That is what you and I are fighting for. We are going to keep doing this. We are going to keep doing this because we have a lot of days to keep pushing forward. We will make this happen.

With that, I know the Senator has a couple more things to say. You should show the Presiding Officer Alaska on that map. What does it say?

Mr. BROWN. More than 80 percent of insurance is controlled by two companies in Alaska. That is a pretty compelling case.

I thank Senator UDALL and also Senator BENNET from Colorado, as well as Senators SANDERS, WHITEHOUSE, CASEY, MERKLEY, and STABENOW. It shows the breadth of support for the public option because it injects competition into the system. It will keep the insurance companies honest, and it will bring pressure to keep prices down.

My last 5 minutes I yield to Senator BENNET who has a sobering issue he wishes to discuss.

Mr. BENNET. Mr. President, I thank the Senator from Ohio for letting me have the last 5 minutes.

(The remarks of Mr. BENNET are printed in today's RECORD under ''Morning Business.'')

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I listened very patiently to the last 2 hours about why we need a government-run plan. I want to concur with my colleagues about the problems in the insurance industry. There is no question they are great. But the reason the problems are great is because there is no real competition today. The rhetorical question is, you can't have it both ways. Nobody wants it both ways. The fact is, I saw this on the Internet this week. I thought it was appropriate for where we are. Here is a youngster walking on a street. She says:

I'm already $38,375 in debt and I only own a doll house.

Everybody agrees we have a too costly health care system. Everybody agrees we need to fix that. What we don't agree on is how to fix it. We have heard 2 hours of what is wrong with the private insurance industry that has not been allowed to be competitive, has not been forced to be competitive. And yet

the answer to that question is that we want the government involved. The Senator from Pennsylvania talked about all the government programs. Sixty-one percent of all health care today comes through the government. Every government program is over budget, associated with fraud, and ineffective in its implementation on a cost basis. That doesn't mean we want to get rid of them. It means we want to make them better. The real problem with having the government do more is, right now 43 cents out of every dollar we are spending we are borrowing. We create a government plan. We put $60 billion into it, and we can create competition. But we don't have competition now. Everybody agrees with that. Nobody denies that we don't have good competition. But we don't have good competition because we have failed to act.

The Senator from Ohio showed a chart of CEOs' pay. If they were having to compete, that pay wouldn't be there, especially not at that level. I don't disagree with that. But the way to control that is real competition. Forty-three cents of every dollar we spend this year we will borrow. And it will be worse next year. It will be 45, 46 cents next year of what we spend we will borrow.

This picture doesn't talk about what she owes. This is just what the debt is now, just the $11.8 trillion. What she owes is another $400,000, because we are paying out of Medicare what we have never created the tax base to fund. So in fact what we are doing is, we are going to charge this little girl for our Medicare. The impact of that is when she was born she owed $400,000. By the time she is 20, she will owe $800,000. What will happen to her?

There is no question we have positive benefits with Medicare. There is no question we are taking care of people who can't take care of themselves through Medicaid. There is a question of how effective we are doing with Native American tribes in terms of that. We are seeing improvements in veterans health care. We have all these different programs that are run through the government. So when you only have 39 percent of the health care in the country to put into the market, it is going to be very difficult to lower costs.

What is the problem with health care in America today? The problem is cost. It is too expensive. It is about 40 percent more expensive here than anywhere else in the world. Why is that? Well, there are a lot of reasons for it. But the first reason is, we will not allow real markets to develop in the health insurance industry. We have stopped it. And now we come and say: We are unhappy with it, so we want to create a government plan—a government plan that will compete.

I do not have any problem if you create a government plan if you fund it and make it competitive. But that is not what we are going to do. Because what we are going to do with a government plan is we are going to turn it into another Medicare. It will supply people health care. It will lower their costs. But we are going to transfer the cost to this little girl. It is just $440 billion spent on Medicare this year, of which $80 billion of it was fraud.

So the problem is, which solution do you think works better? Do you think we have the history that says government-run health care is efficient and effective and, therefore, we ought to do more of it or should we say: We know what works in the rest of the industries and markets in this country. Maybe we ought to allow markets to truly compete—which nobody wants to do—to force the insurance industry into a competitive structure where you can actually see what you are getting and you can see what you are paying.

The other problem about this little number is, not only does she have $38,000 in debt right now, and another $800,000 when she gets ready to buy her insurance, we are going to tell her what she is going to buy. We are going to take the freedom away from her to decide what is best for her and her family. Then we are going to yoke her with a whole bunch more taxes.

There is no disagreement in this body that we need to make changes in health care; and the assumption that anybody would say that is absolutely erroneous and fictitious. We recognize that. The question is, which way do you fix health care? Do you fix it with a government that is bankrupt already, that has stolen the future from the next two generations, and add more on to them or do we get common sense back in and say: Well, first of all, we can eliminate 8 percent of the cost if we have good tort reform in this country because 8 percent of the cost of health care is defensive medicine.

I read a study this week. It is interesting—and I have some passion about this because I have been on the end of those lawsuits—I would note that the vast majority of those who have been discussing health care for the last 2 years are lawyers. They are not doctors. They never laid their hands on a patient. They never stayed up 20 hours in a row to take care of somebody who needed them. They have all the answers, but they have never been in health care.

Here are what the numbers are on malpractice lawsuits in the United States: Eighty percent of all the cases that are filed are thrown out of court. Of the remaining 20 percent, 89 percent are thrown out of court. So 3 percent of the cases are legitimate in this country. What do you think that is costing us? And we ignore it? We are not even going to talk about the fact that we have an extortioned service going on in health care that does not cost the lawyers a thing? It costs everybody else in this country billions of dollars a year because we are doing tests that nobody needs, except the doctors to defend themselves. And that is $200 billion a year out of $2.4 trillion. That is what the number is.

So when less than 3 percent of the people—and I am all for compensating people who are truly injured. I have no problems with that. As a physician practicing over 25 years, there is no question I have made mistakes. There is no question. There are no doctors who are perfect, and, consequently, sometimes people are injured because of doctors' mistakes. Most of the time they are not. And it is not about not compensating the injured. It is about changing the mindset in this country that you can extort people into settling when you have no real claim, and that is what is going on with 85 to 90 percent of the cases.

So the answer for health care is: controlling costs. So how do we best do that? It is interesting, we have had the accusation that there are no other plans out there. My colleague from North Carolina and I introduced the first plan in Congress for health care.

What does it do versus what the Baucus bill or the public option bill will do, according to CBO? We cover 94 percent of Americans—identical to what the Baucus bill does. So 94 percent of all Americans will get covered under our bill. We save the Federal Government $70 billion in the first 10 years, close to $1 trillion in the second 10 years.

What does the Baucus bill do? It saves $88 billion, and nobody knows what it is going to save after that. But it costs the States billions. Our bill saves the States, in the first 10 years, $960 billion. We cover more people, with no increase in the cost to the Federal Government, versus a marked increase in the cost to the States by the Baucus bill, or by the public option plan.

It eliminates preexisting condition. We all agree we need to do that. Nobody is fighting that. The question is, how do you do it? Do you do it in a competitive model that costs insurance companies pain if they are not covering the people properly? And if, in fact, there is an incentive to cover preexisting conditions, then you have an incentive for the insurance companies to invest in the management of chronic care rather than ignore covering somebody.

I do not deny there is cherry-picking going on right now, but it is only because we allow it. We do not have to allow it. But the answer does not have to automatically be another long-term, bankrupt plan run by the government. Nobody can deny the $95 trillion, 100-year unfunded liability for Medicare. That is GAO, that is CBO, and that is the Medicare trustees. You cannot deny that.

So we have a program that seniors are fairly happy with, except the Baucus plan is going to cut a half a trillion dollars out of it. But we cannot pay for it. So we are not doing anything to drive that cost down, to drive in efficiency. What we are going to do is create more government, to have another plan that is going to get in the same shape as Medicare.

We all want the same thing. We want to get everybody covered in this country. We want the cost of health care to be affordable. And we do not want to bankrupt our children. We have already bankrupted them. So the danger of having a government-centered, government-centric, government-run, government-devised, government-managed health care program—just by history, look at what we have done.

Medicaid costs tons more than it was ever supposed to cost. SCHIP costs tons more than it was ever supposed to cost. Medicare costs tons more than it was ever supposed to cost. Indian health care—it does not cost more because we just let them suffer. We do not put the money into it. VA costs tons more than it was ever supposed to cost. TRICARE costs more than it was ever supposed to cost. They are all government programs. They are all way over budget.

So the question the American people ought to ask is: If we all want to get everybody covered, and we all want to drive down costs, does the government have a track record that says it has done that? No. As a matter of fact, it has done the opposite of that.

So it is not a matter of whether you trust in government. We have 61 percent of health care running through government. And as a physician who has practiced for over 25 years, I will tell you, it is my opinion the reason costs are out of control is not because of the insurance industry—and I am not a defender of them; as a matter of fact, I hate them about as bad as I hate anybody telling me what I am going to do to my patient—the problem is, we have directives coming from the government that have disrupted the market in health care and created this tremendous differential.

The other difference that we have in the Patients' Choice Act is that we do not put another burden on the States, which all these bills do. The States are swimming in debt. They are struggling to stay ahead, and we are transferring billions, almost—we are transferring trillions of dollars of expense to the State. We are making it nice for four States. We have picked four States and we have said: You don't have any cost the first 5 years. We just, out of the hat—because they are having a little worse economic time than others, we have said: You don't have it. But for the rest of the States, it is the mother of all mandates, and they will never be able to afford it.

There is also another little sneaky provision in the bills—both in the HELP bill, the House bill, and the Baucus bill—which is, we know we are not going to cut doctors' fees 21 percent. The Presiding Officer would agree to that, the Senator from Colorado knows we are not going to do that. But we are not going to recognize it. We are not going to recognize that cost. So we are playing games with the American people. We are saying: Here is what it costs, when we know it is going to cost a lot more than that because we know we are not about to do that. But we do not have the courage to admit that. We do not have the courage to ask for an honest score.

The other difference is, we empower patients and States, not bureaucrats. We preserve the right, the inherent individual liberty right, of an individual to decide what is best for them rather than having the government decide what is best for them. In our bill, 9 out of 10 Americans get a tax cut.

So let me draw the parallel again. We do not have a government-run program. We save the Federal Government money. We save the States $1 trillion. We get more people covered than any other plan that is out there. Nine out of 10 Americans get a tax cut. We eliminate preexisting illness. And we bend the cost curve down considerably.

And, oh, by the way, we do not destroy innovation in health care, which is 75 percent of the innovation in the world, which will go away if any of these other plans are instituted—the incentive to put capital at risk to create opportunity for medical innovation.

There is a lot I could say, but I think what I would like to do is yield to my colleague from North Carolina in terms of someone who has been with me, who knows health care, who has been from the start working with us to try to put forward a plan that says we can accomplish this same thing and save tons of money.

Mr. President, I yield to my colleague from North Carolina.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Mr. President, I thank the doctor from Oklahoma, my colleague, my friend. Let me say from the start, 3½ years ago, TOM COBURN and I sat down and realized health care was unsustainable at its current level of investment.

The American people have complained because they have seen a process that has gone too quickly. Well, in the Patients' Choice Act you find 3½ years worth of work—a bill that was designed to take 4 years before we thought we had the right information we needed to do health care reform adequately.

With the change in the administrations, the new President and his timeframe, we accelerated it. But let me say, right from the start, it is unsustainable at its current level of investment. It is 17 percent of our gross domestic product. Health care has to be reformed.

I personally believed the debate we were going to have in Washington was over what type of reform. Dr. COBURN raises a good point: cost. Where are we from the standpoint of our Nation?

I happened to gaze, as I was waiting for the last speakers to finish, on the page of this publication. It says: Baucus Bill Projected at $829 billion. In the small box down at the bottom of the page—CBO: Deficit Hits Record $1.4 trillion for Fiscal Year 2009.

Common sense would tell you that when you are in the type of financial shape the United States of America is in, not only do you stop spending, you begin to look for ways to curb spending and a way to invest to reduce the deficit. Because the deficit is what our children and our grandchildren will inherit. If you believe it is unsustainable at its current level of investment, then you sort of understand where Dr. COBURN and I are coming from.

The worst place we can start is: How much more money do we need to spend to do health care reform? But the truth is, the Baucus plan is not health care reform. It is health care expansion. The debate in Washington is not about how to reform health care. It is about how to expand health care. And once you determine the pool you are going to expand it to, the $64 million question is: How do we pay for it so the CBO says we have paid for it?

What I would like to do is spend a little bit of time exploring how the Baucus plan pays for it with the caveat up front of saying—as it relates to Dr. COBURN and myself—we don't believe we have to spend more to reform health care. I think from what he said about the Patients' Choice Act, we have made the point. We were the first two people in the Congress—House or Senate—to introduce comprehensive legislation. We cover the same amount of additional Americans that the Baucus plan covers. We do it without making additional taxpayer investments in the expansion of coverage. Why? Because in addition to expanding coverage, we reform health care. We actually bend the cost curve. We change the tax application to where it is fair and equal for all people.

What we have to realize is, the Baucus plan is a 10-year plan. We collect revenues for 10 years and we pay out for the expansion in 6½ years. Let me say it again. We are collecting tax revenues for 10 years, but we are only paying benefit expansions for 6½ years. We have to look at years 10 through 20 if you want to see 10 years' worth of revenue collection and 10 years' worth of expenses. As a matter of fact, if you took the first 10 years and you applied what is done in the bill and said: Well, if they started making payments in the first year, this bill would actually cost $1.8 trillion, not $829 billion but $1.8 trillion.

Incorporated in the Baucus bill are cuts to Medicare, cuts that equal $449 billion. Dr. COBURN talked about the imminent reduction to physician reimbursements: 21 percent projected. We all agree we are never going to make that. One of the attractions for health care professionals was the Baucus bill said in year one, we are not going to make those cuts. Well, they are going to cut Medicare over 10 years by $449 billion. This is giving with one hand and taking away with the other hand. Health care professionals around this country have realized that, even though their association that represents them doesn't.

The Baucus bill cuts $117.4 billion in Medicare Advantage. My colleagues are probably saying: What is Medicare Advantage? Well, it is the preferred plan of 20 percent of America's seniors. Twenty percent of our seniors on Medicare have chosen Medicare Advantage, a private sector option to traditional Medicare, where they have looked at the two and they said: I would rather have Medicare Advantage, because when I go in the hospital, Medicare is going to charge me a $750 deductible right off the bat. Medicare Advantage? Zero. For traditional Medicare, you are going to have to have Part A, Part B, Part D. Medicare Advantage, you get it all as one lump sum. You don't have to make separate selections. They provide you the doctor coverage, the hospital coverage, the drug coverage all in one plan.

Why is it under the target of some in Washington to cut $117 billion? They say it is because we pay 114 percent of Medicare per person allocations to Advantage, where we pay 100 percent in traditional fee for service. That is exactly right. I remember the debate we had in Washington when we did it. Because the objective then was: How do you get Medicare Advantage to offer this plan in rural America? To offer it in rural America meant you had to offer a greater reimbursement. This isn't reflective of a windfall for the insurance companies; it was an incentive to offer this choice not just to urban seniors but to seniors everywhere in America. In my State of North Carolina, 17 percent of all the Medicare beneficiaries are enrolled in Medicare Advantage. When anybody gets up and says pass this bill, the Baucus bill, and you can keep your health care if you like it, there is a caveat to that. Unless you are 17 percent of the seniors in North Carolina or you are 23 percent of the seniors nationally, you lose your plan. You are going to go back into traditional Medicare. You are going to go back to where, when you enter the hospital, they are going to say write me a check for $750 annually; where your Part B is a separate payment; where your Part D is something you have to figure out as to which plan you want versus something that is seamless and covers everything. I will assure everybody a $117 billion cut to Medicare Advantage will eliminate that product from the marketplace. Nobody will offer it. Twenty percent of America's seniors will lose the insurance they prefer, not keep it.

Medicaid expansion. It seems like a sensible way to go if you want to expand coverage, which is where the debate has been in Washington. Well, let's simply take a coverage tool that is out there today—Medicaid—and let's raise the income limit so more people qualify for it. So instead of 100 percent of poverty, we raise it to 133 percent of poverty. It costs $345 billion. There is $33 billion in direct State spending. As Dr. COBURN said, four States are sort of split out of it, and they say: Well, we are not going to charge you because you are in tough economic times. Well, North Carolina is at 10.8 percent. Why aren't we included? Our cost, when the Federal Government makes North Carolina ante up, is going to be south of $1 billion a year for a State that had a $4 billion shortfall. Where is my Governor in her outrage at the proposal to expand Medicaid to 133 percent of poverty?

The tough thing is, this plan has been sold that it is not going to cost anybody anything, and the truth is it is going to cost seniors, it is going to cost taxpayers, it is going to cost the unemployed but, more importantly, it is going to cost people who have health care insurance today. People who have the money to purchase theirs and people whose employer offers them health care, their cost is going to go up because of the restrictions and the mandates that exist within the Baucus bill.

The Baucus bill would impose an annual $6.7 billion fee on insurance companies; $6.7 billion a year; over 10 years, $67 billion. So a $67 billion new fee on the insurance companies that we are trying to make the American people believe are going to reduce premiums, reduce costs, and we are sticking them with a $67 billion pricetag. There is nobody in America when they hear this who believes that health care is going to go down for the American people. For every person who currently has a plan today, I will assure my colleagues their premium will go up. They will pay more money, not less money.

We grow the IRS. There is something we haven't talked about because of the requirements in this bill to collect fees and to collect taxes. It is estimated by the Lewin Group that the IRS would need a 25-percent increase in their budget. The IRS currently gets $12 billion annually for their administrative costs. The administration costs for implementing the exchange subsidies would add nearly $40 billion from the Baucus bill. We have additional costs at the IRS because we have to increase by 25 percent the IRS requirements to go and collect and enforce this.

We tax the chronically ill. I thought this one was one of those myths that late night TV talks about. We tax the chronically ill in the Baucus bill. Let me explain what I mean. Current law says that if your health care charges exceed 7.5 percent of your annual income, then you can deduct that off your taxes. Clearly, the lower your income, the more likely you are to utilize the 7.5 percent exclusion. So what does the Baucus bill do to raise money? It raises the exclusion to 10 percent. Instead of at 7.5 percent of your adjusted gross income being able to deduct anything that exceeds that, it says you have to exceed 10 percent of your adjusted gross income. For somebody who makes $1 million a year, this is no big deal. They probably have more than enough insurance to take care of it. For somebody who is on a limited income; for somebody who maybe doesn't have all the insurance they need; for somebody who walks in and is chronically ill, has a chronic disease and they are making payments, they are covering their copays, they occasionally go to the hospital, they have that $50 charge for walking in the door, even though they have insurance. They are making it at the end of the year, even though they make $20,000 or $25,000 a year, and all of a sudden, 2½ percent of their adjusted gross income is no longer a deduction they get. What is that? That is taxing the chronically ill in this country.

Listen, I have to give them credit. They have left nobody out of this bill from taxes. They have left nobody out of this bill from instituting a new fee. As a matter of fact, some of it we are going to have to take for granted is going to be applied to us in an indirect way because incorporated in the Baucus bill we collect a new device tax. To the heart patient who goes in and gets a heart catheterization, to the senior who goes in and gets a hip replacement, it is a device. For any medical device that is used, there is a $40 billion device tax over 10 years.

What does that do for the innovation of new devices? Dr. COBURN can speak to it better than I can. When we were able to switch from open heart surgery to bypass surgery, we probably went from $40,000 or $60,000. When we were able to catheterize somebody and put a stent in, we reduced significantly the cost, we reduced significantly the invasion, we were able to raise the quality of life. We couldn't have done that if somebody hadn't innovated a cath and a stent. We would still be doing all bypass surgeries. You think through all the medical procedures we do in this country and you think about all the devices that have been created by companies and by doctors so they can be less invasive because they understand every time they go into somebody, every time they cut in, there is a fear of infection today; there is a consequence of recovery. It means a stay in the hospital is longer.

When you see a new device enter into the marketplace, you actually see a new efficiency come into health care. You see reduced health care costs because you are taking either somebody out of an inpatient setting and you are putting them in an outpatient setting, or you are taking an inpatient patient and you are getting them out of the hospital faster. Actually, you could make the case that innovation of medical devices is health care reform because it is driving down costs, because it is moving patients out, and the net result is the quality of life goes up. But, in this bill, we raise $40 billion over 10 years, or $4 billion a year on taxes on devices.

If you listen to the things I have talked about, you are probably sitting at home trying to figure this out: I am going to pay more in health care because they are taxing devices. I am going to pay more in health care if, in

fact, I have a chronic illness because I am not going to be able to deduct that out-of-pocket cost that is between 7½ percent and 10 percent of my adjusted gross income. I am going to have to cover, as a taxpayer, a 25-percent expansion in the IRS. They are going to impose a $6.7 billion so-called fee on the insurance industry, or $67 billion over 10 years, while I have an insurance policy, so that fee is going to be passed through to me as a covered life under the insurance plan.

I am going to pick up, in the State in which I live, the increase in the limitations on Medicaid when we go from 100 percent of poverty to 133 percent of poverty. How can you make a claim that this bends the cost curve? If you tried to make the claim, it bends the cost curve up not down.

Dr. COBURN and I listened very intently as the President kicked off this debate: Create a program that provides coverage for as many Americans as we possibly could. We did that. Bend the cost curve down. Well, we make a direct investment in prevention, wellness, and chronic disease management—the only three direct areas of savings in health care. We can talk all night about tort reform and about different aspects. They are indirect and there are significant savings we can achieve by incorporating those reforms into health care.

In the Patients' Choice Act, we elected to keep it narrowly targeted, and we invest in prevention, wellness, and chronic disease management. Why? Because we went to States, businesses, and self-insured companies that went 4 years and didn't have an increase in health care costs. Why? Because they changed the lifestyle of their workers. They actually paid their workers, in some cases, to quit smoking, to lose weight, to get exercise, or to take an education program on a chronic disease they had to make sure they got the treatment they needed.

The net result? In every case, the per-enrollee savings were so significant that the companies continued to try to figure out how they could spend more to reduce health care costs. The quality of life for their employees was better. The productivity of the employees was better, and they had no annual increase in their health care costs.

We are sitting here ignoring everything that has been learned in America by private self-insured companies and by some insurers who are doing creative things, targeting chronic disease, and actually paying doctors to educate. We have ignored all of this. Why? Because we are having a debate in Washington with the Baucus bill about coverage expansion, not about health care reform.

Coverage expansion costs a lot of money—$829 billion. We are having that debate and telling the American people this is about reform. If you read the fine print, the bottom of the page, and if you read the part they don't want you to remember, it says this year alone there is a $1.4 trillion deficit. That is $1.4 trillion we didn't have that we had to borrow.

The last thing we need is more money in health care. It is 16 percent of our GDP, and we cannot maintain that level of investment. The challenge is on us to come up with the reforms that continue to invest and promote innovation, that expand coverage and, more important, reduce costs.

What do the American people want? They want health care costs to go down, and they want quality to go up. We don't accomplish that in the Baucus bill, but you do in the Coburn-Burr bill. It is not perfect, but it heads in the right direction.

I yield to my good friend from Oklahoma.

Mr. COBURN. I thank the Senator. I am sitting here thinking, if I was sitting at home tonight listening to this, how do I hear the story that I heard for 2 hours on having a government-run plan and how bad the insurance industry is? As a physician, I don't like them a whole lot, I can tell you that. I don't like some of their tactics. I certainly don't like the way they cancel insurance policies on people. There is a lot about them I don't like. But I don't want to eliminate them. What I want to do is create a real market where they have to be savvy and compete and they have to be efficient and they have to help us help one another get well.

We are going to hear a lot over the next month on health care. We are going to hear all these claims, much like we did from Congressman GRAYSON, who made an outlandish claim that my side of the aisle wants people to die. That is what was said in the House of Representatives. What I want is people to live. I want this little girl in the picture to live too.

Do we have an unsolvable problem? No. Do we have ways of making health care costs much less in this country? Yes. Do we have ways of ensuring increased innovation and advanced disease prevention in this country? Yes. Do we have ways to protect this little girl in the photo? Yes. But the debate is over how we do that. One side says we do it by making the government a whole lot bigger—$1 trillion bigger, $3 trillion bigger over the next 20 years. That is one side of the debate.

Our side of the debate says this is inefficient health care. We want to cover everybody. We never want anybody to go bankrupt or to be denied care. We think you can do that without growing the government by 25 percent. We think there are other ways to do it. We are honestly worried about our track record in Washington when we have a $1.4 trillion deficit this year and a Medicare Program that is absolutely bankrupt—it will run out of money in less than 7 years from now, totally out of money—and we are going to be borrowing it all then. Is there another way to do it? So either we make a large jump in the size of the Federal Government and add to the $838,000 that this little girl is going to have, or maybe we can work together and say the insurance companies are bad, but can we keep something like that and make them efficient? Can we allow people to buy across State lines? Can we give people opportunities to buy what they want to buy rather than being limited? Do we trust people to make good enough decisions for themselves?

The Baucus plan doesn't do that. It says we have three or four plans from which you get to choose, but we are going to tell you what you have to buy. And, by the way, you have to buy insurance in this country. Think about that.

I carry with me a copy of the the U.S. Constitution all the time. Every bill out there has said you don't have liberty because the Federal Government is going to tell you where you have to spend your money. You have to buy an insurance policy. So if you make a quarter million dollars a year, it doesn't matter if you want to fund that self-insurance, it doesn't count. You still have to do that. If you don't, you are liable to a tax. If you don't pay the tax, a $25,000 fine. If you don't pay the fine, you are in jail for a year.

How do we get off telling people that and taking away that liberty, that freedom that is supposed to be guaranteed under the Constitution? The answer is, well, it is better for everybody because if we don't have everybody covered, then it is going to cost more because that is the big government answer to it. Maybe it will cost more if we force and drive competition, if we create transparent markets, where you know what something costs before you get it in health care. In fact, there is a real connection with the purchase of health care and the payment because everywhere we have tried that, it is working to control health care costs. But we refuse to do it.

Frankly, the reason our idea is rejected, which is changing the Tax Code to treat everybody the same under the Tax Code, is because the labor unions don't want that to happen. That is exactly why. Everybody knows that is the problem. Everybody in the country knows that is the problem, but we don't have the political courage to face up to how to fix the problem.

As soon as you make everybody the same under the Tax Code, you empower 35 million Americans who don't have insurance today to get it. You save the States $1 trillion over the next 10 years, and you give 95 percent of Americans a tax cut, and guys like me will pay a little bit more for my health insurance and income tax. But we will not do that because the powers that deliver politicians to Washington are more powerful than the principles and the character to follow the pursuit of the Constitution.

This little girl in the picture, and everybody like her in this country, is at risk today. We are going to have this great big debate and say how bad the insurance companies are and how bad

the government programs are. But the fact is, we don't have a bipartisan bill. Our ideas were thrown out, 13–10, at both the Finance Committee and the HELP Committee—13–10, 13–10, 13–10—because the idea is they didn't want a compromise bill. They didn't want to solve the problems. They wanted their way or the highway.

So, consequently, we are going to get a bill. I have no doubt. But my little Lucy right here and her football—she is going to lose her football. She is not going to have any little Lucys because she is not going to be able to afford them. She is going to be paying off her $800,000 worth of government obligations starting at age 20, and she will never climb out of the pit.

So when America thinks about health care, there are a lot of ways to solve it. One is to trust what makes America great—granted, with some changes—or the other is to trust the government to create more government programs.

I will just add this one point. Do you realize that in the bill that passed the HELP Committee there are 88 brandnew government programs—88; 219 times we have held the Secretary of HHS to write in-depth regulations. Now, 88 programs interfering in health care are going to be problem enough. But 219 new sets of regulations—oh, by the way, we created the comparative effectiveness committee with the stimulus bill, and we are going to have 26 people tell every doctor in the country how they are going to practice medicine, what is right and what is not right. And, by the way, in all the committees a prohibition on rationing was voted down.

What are we to think? We are going to create a large government program and grow the government by $1 trillion over the next 10 years, $2 billion-plus, maybe $3 trillion in the next 10 years, and we are going to have Washington tell people how the physicians and caregivers will treat, what they will use to treat, and all the time little Lucy will not matter if she gets sick. We will have already made her sick because we have stolen her future, her absolute future.

It is a cute picture, but it sends a devastating message to us as leaders in this country. How dare we do that. I wanted to bring out my other charts tonight, but I didn't want to bore everybody. The fact is, the appropriations bills that were passed—if we keep doing what we are doing—America, hear this—we are going to double the size of the Federal Government in 3½ years.

We passed the Agriculture bill today, which is 22 percent bigger, and it was 15 percent last year, and that doesn't count any of the supplemental and the stimulus money. It doesn't take long, if you are growing something at 22 percent, for it to double.

My gray hair comes from the fact that I think we are missing a great opportunity to work together. I think we can solve the health care problem. I think we can do it without enlarging the Federal Government. Especially when we pay 40 percent more than anybody in the world, there ought to be savings that we can get to make health care cost less and to cover everybody else. I know we have seen the studies that show that.

So why isn't it going to happen? Why isn't there going to be a bipartisan bill? It is all political. It is not about the people in this country, it is about the political power structure in this country.

Problems can be solved, common sense applied to limited government and restoring freedom to individuals.

There are going to be so many lawsuits in this country, most of them legitimate, over the health care bill. You will not be able to uphold a challenge to the Constitution of forcing me to pay, take my money that I earn privately and spend it on what you say I have to spend it on. It is one of the greatest denials of liberty I ever heard of, and it is going to get challenged. It is going to go through the courts fast, and I suspect the courts are going to uphold the citizens of this country rather than the power center.

I yield the floor or I yield back to my colleague from North Carolina.

Mr. BURR. Mr. President, I thank Senator COBURN for yielding. Let me just say the reason he is gray is because he cares. This is a Member of the Senate who typically on Monday morning delivers babies, and all weekend long. Before he comes back to Washington, he practices medicine.

This institution looked at what he did and said: You can't charge for what you do even though it costs you $200,000 a year to keep your practice open, your license in place, to buy your liability insurance. They said that is illegal under Senate rules.

So TOM COBURN is a unique individual. He sees women who are pregnant. He delivers babies. But he doesn't take any payment for it. He keeps his license up to date. To some degree, it is charity care because he believes it is the right thing to do. More important, he understands that what we do here affects what our children and our grandchildren get in inheritance from us—not financial inheritance, in opportunity.

Why are we passionate about the debt? Why are we passionate about trampling on the Constitution? Because every time we do it, we take an opportunity away from the next generation. We reduce their ability to be successful, whatever their definition is.

TOM COBURN covered it very well. We are somewhat impassioned about our criticism toward the bills that passed out of the HELP Committee, the Finance Committee soon, and the three bills in the House. Why? Because we introduced our bill first. We laid our cards on the table. We offered to work in a bipartisan way with anybody, and we had no takers.

I believe when you lay it out there and you come up with a successful plan, you have every right to be critical. I do question the ones who do not offer an alternative. But we have offered a solution, and that solution was based on three fundamental principles:

One, it had to cover everybody. The way our bill is structured, every American receives the same financial stipend regardless of whether they work or whether they don't, regardless of where they live. We treat everybody the same.

Two, if you are going to get cost savings, then you have to make direct investments in prevention, wellness, and chronic disease management. The Patients' Choice Act makes direct investments in prevention, wellness, and chronic disease management.

Three, is it financially sustainable into the future? We probably should have started with this one versus save it for last. Why in the world would we create a health care system in America if it is not sustainable? If it is not financially sustainable, why would we even consider that legislation in the Congress of the United States? If it did not pass the test of time, why would it even be worthy of debate?

Unless we expect people outside of America to continue to finance our urge to spend, then I have to tell you, we are not going to have any money—either that or we are going to have to tax the American people to a point where they are not going to want to be successful, they are not going to want to work overtime, they are not going to want to switch jobs because the benefit to them of being successful is to be punished by taxes.

This bill is filled with new fees, new taxes. True reform that expands coverage would pay for itself. Think about that. If you truly reformed health care, would the reforms through savings not pay for the expansion? Shouldn't this be a net sum game?

We have left out of the bill shopping across State lines for insurance. It saves money. The American people are sitting there: Why aren't you doing this? Tort reform saves money. The American people are sitting there: Why aren't you doing this?

Let me end on one that I think the American people are really plugged into. Congress, which plan are you putting yourself under? You designed this plan for everybody in America. Is it the plan you are going to have? You know what, in the Finance Committee, in the HELP Committee, in the House committees, there have been amendments that said Congress has to take the plan they create for the American people. That government option, that is what Congress has to be under. It has been rejected every time it has been offered.

But you see, Dr. COBURN and I took a different approach because in the Patients' Choice Act, we had to set what the basic minimum plan was going to be. Do you know what we put? The Federal Employees Health Benefits

Program. We didn't put them into the FEHBP, but we said it had to be equivalent to what Members of Congress had. How could we ask the American people on a plan we create to have less than we have? The American people expect us to look after them, they don't expect us to give them less than we have.

It was rejected every time that was offered to move Congress to their plan. But I think it tells you a lot about the way TOM COBURN and I approached the bill we worked on because we never thought about taking us and putting us into their plan, we thought about taking them and raising them to our plan. There is a big difference in that. There is a big difference in looking at the American people and saying, you should be here; not the American people saying, you should be where we are.

We want people to be successful in this country. TOM COBURN said this is not a bipartisan bill. He is right. But I will end with this tonight: This is also not a reform bill. If you want to talk about expanding coverage, it does an equal job to what the Coburn-Burr bill does. If you want to judge it based upon reform, it accomplishes no reform.

I encourage those who are not satisfied with the options that have been presented in the House or the Senate or that will be debated, go on TOM's Web site, go on my Web site, Google ''Patients' Choice Act.'' Read the bill. It is only 200-some pages, it is not 1,000.

The truth is, if we have a real debate—at some point, we will have one about health care reform—I could suggest to the American people one word that would drastically reform health care, that could replace all 1,000 pages of a House or Senate bill. It is called portability. It is called the ability for an individual employee to take their insurance from one employer to another, not to be construed in any way because they have a preexisting condition, but also to recognize the fact that when you do portability, you change drastically the way insurers look at covered lives.

I think the American people would be shocked to know the average person is under a health care plan for an average of 4½ years right now. Ask yourself: If I am an insurer and I am going to invest in somebody's lifestyle changes and I am only going to have them 4½ years—how much are you going to invest? The answer is, probably very little. By the time they lose weight or quit smoking, you haven't reaped the benefits of those savings, and all of a sudden you create portability. That means a 24-year-old covered by an insurance company—that insurance company has an opportunity to keep him until he is 64 years old, 40 years. How much are you going to invest in that insured if you are going to have them for 40 years? You are going to invest a heck of a lot because you will want to keep him well as long as you can. You are going to reimburse doctors to do the education; you are going to make sure you keep them out of the hospital; you are going to make sure that if they go into the hospital you get them the treatment they need to get them out as quickly as you can. You are not going to deny a prescription a doctor wrote for them. You are not going to question a treatment a doctor chose because all of a sudden the doctor is a partner to the insurance versus just a cost to the insurance.

You see, true reform has to change health care across the board. It has to change the relationship between patients and insurers, between doctors and insurers, between hospitals and insurers.

Ask yourself: Does the Baucus plan accomplish any of it? The simple answer is no, it does not. That is why it costs $829 billion, and that is why to pay for it you don't get it through savings, you get it through taxing and fees. You get it through the insurance costs of everybody who has it. You achieve the costs by cutting Medicare, by knocking seniors off the health care plan they prefer. You get there by increasing the income limitations on Medicaid, making States actually pay for the expansion of 11 million Americans who are going to be covered under the most inefficient health care system in the country, Medicaid, where only 60 percent of the health care professionals will even see Medicaid beneficiaries because the reimbursements are so low. But we are going to grow that population by 11 million people.

We are doing an injustice to these people to put them in a plan where only 60 percent of the health care professionals will see them. They will not get the education they need for chronic disease management. They will not make the lifestyle changes because Medicaid does not pay for prevention, wellness, or chronic disease management, nor does Medicare, nor does the VA, nor does Indian Health. Show me a government plan that pays for prevention, wellness, and chronic disease management, and I will quit coming to the floor and quit talking about the lack of reform.

The truth is, the Baucus plan tries to replicate what the Federal Government has, and it does not have prevention, wellness, and chronic disease management today. It will not have it tomorrow, and it will not have it next year.

Mr. President, I thank you for your patience. I assure you and our other colleagues that Dr. COBURN and I will be frequent visitors here as we get ready for this debate, as we have this debate, and probably after this debate is over, depending upon the outcome of it.

But let me make it perfectly clear, if any Member in this debate is looking to try to achieve a bipartisan solution to health care, you can sign TOM COBURN and RICHARD BURR up today to sit at the table with you, to forget about who is the author of legislation, to talk about real solutions to real problems that deal with health care. I am committed to doing it, but I am not committed to rolling over and just accepting another expansion of the Federal Government and Federal Government spending.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, as you could hear from the remarks of the Senator from North Carolina and the Senator from Oklahoma, there is agreement on some issues. We know the status quo is not going to work when it comes to health care. We know our families cannot endure another decade of double-digit cost increases every single year in their health insurance premiums. We know we can do better than devoting a fifth of our GDP to health care, when every other industrialized country in the world devotes less than half that to health care. We know the biggest drivers of our outyear budget and debt—which we do need to be enormously concerned about—are rising Medicare and Medicaid costs, and the biggest drivers of those are rising health care costs.

I would say, again, as I have said before, I hope we can start on where the areas of agreement are and try to work from there. Because our small businesses and working families all across this country, including in my State of Colorado, cannot endure another 10 years like the 10 years they have endured. We will not be able to compete effectively in this global economy, where we are devoting more than twice what any other industrialized country in the world is devoting to just one sector of our economy—health care—and we are not going to keep the kind of commitment the Senator from Oklahoma was talking about to the young girl in the photograph or, for that matter, to my three daughters at home, who are 10, 8, and 5. I am deeply concerned about where we are with respect to our deficits and our debt.

So while we are disagreeing about the outcomes, I think there is a growing understanding that the current system just will not do.

AFGHANISTAN

Mr. President, I am here to talk a little bit about Afghanistan, and just for a few minutes because yesterday we reached the 8-year anniversary of the war in Afghanistan. On this occasion, we should remember how unified our entire country was over our mission there when it began. The Nation came together after 9/11 to support our military as it bravely took the fight to the Taliban and the terrorists in Afghanistan. We had one ultimate goal: Removing al-Qaida's safe haven.

Our military succeeded in toppling the Taliban government, which had allowed al-Qaida to use Afghanistan as a staging ground and a hiding place. Once the Taliban was removed from power, an international coalition, led by U.S. forces, went about the long and difficult task of defeating al-Qaida for good.

Yet now, 8 years later and with a new administration trying to determine America's best way forward, many Americans are understandably concerned and frustrated. Afghanistan is not where any of us want it to be, and our ultimate goal has not yet been met. Al-Qaida is still there and in Pakistan as well. Afghanistan's Government has not been able to take centralized control of the country. Elections there have not added to the legitimacy of the Karzai government. We have been left to reassess our position, and we must do this reassessment together.

Policymakers are asking the important and right question: What are the proper goals for our military effort in Afghanistan? How best can we accomplish them? Are these goals purely military goals? Can they be better solved with more troops or fewer? Do we need a more complex new mission in our future, which the military aspect is only one small part?

Unless we are sure, unless all of us are sure that more troops can help us meet our goals, we should not send them. Our soldiers already have sacrificed much. This time, in particular, is a difficult one for servicemembers and their families, and it is also proving to be a difficult one for those of us making policy.

As we decide what our direction will be in Afghanistan, the fallen brave soldiers we lost from Fort Carson this week are solemn reminders of how consequential our decisions have been and will be. Those of us who opposed going to war in Iraq, including President Obama, believed then it was the wrong war at the wrong time. We believed that Washington's focus on Iraq was diverting precious resources from our efforts in Afghanistan. We are still dealing with the consequences of the decision to focus on Iraq, both in Iraq and in Afghanistan.

Recalling recent history is so important because now we have to find new wisdom on Afghanistan. At the same time, all 100 Members of this body know we must take great care as we make decisions that will affect the lives of our men and women in uniform and their families. For every soldier who answers our Nation's call to serve in combat, a new deployment is akin to a new decision to go to war. That is why our national purpose and their mission must be absolutely clear.

That is also why, as Members of this body, we must be willing to ask hard questions. The country will be counting on the Senate to scrutinize and understand the purpose of any decision to deploy additional troops. As we, together, debate a new approach to Afghanistan, I will be motivated by the memory of the Fort Carson soldiers who died this past week, as well as all those who have fallen in rank and Afghanistan. I know all of us feel the same way. They served honorably. So must we.

Mr. President, I yield the floor.

Mr. BEGICH. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BENNET). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BEGICH. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. BEGICH. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with the Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING OUR ARMED FORCES

FORT CARSON SOLDIERS

Mr. UDALL of Colorado. Mr. President, I rise today to pay tribute to eight young men from Fort Carson in Colorado who perished last weekend in Afghanistan. This was the heaviest U.S. loss of life in a single battle since July 2008, when nine American soldiers were killed in Afghanistan.

In highlighting the lives of these young soldiers, I do not want to diminish the loss of other brave servicemen and women who have given their lives for our country. Before last weekend, Fort Carson alone had lost 270 soldiers in Iraq and Afghanistan, and we must continue to honor the courage of our fallen, our wounded, and those who continue the fight.

But I hope the stories of these eight young men today speak to the loved ones of all the brave men and women who have lost their lives in Afghanistan and Iraq in recent years. I honor their service, their courage, their dedication, their love of country and family. I thank their wives, husbands, children, parents, and other family members and friends for their support of these brave servicemen and women. And I want to express my deepest sympathy to them as they mourn their loss.

These eight soldiers were all from the same platoon—Bravo Troop of the 3rd Squadron, 61st Cav, 4th Infantry Division, based at Fort Carson. The 4th BCT has worked since May to secure territory throughout a four-province region near Jalalabad in some of Afghanistan's most rugged terrain, training in the nearby hills to prepare for high-altitude battle. A major achievement included providing security for Afghanistan's presidential election in August, enabling local Afghans to go to the polls.

I met with the 4th BCT commander, COL Randy George, back in April in Colorado, before Colonel George and his soldiers departed for Afghanistan. I know how hard Colonel George worked to get these soldiers ready for the fight, and they were ready. These eight young men and their fellow soldiers fought valiantly, taking on about 200 insurgents in their remote outpost in Afghanistan's Nuristan province.

As MAJ Daniel Chandler, the rear detachment commander for the 4th

BCT, said: ''They were attacked, the unit fought bravely, and in the end, they won the day.''

I would like to say a few words about each of these men.

SPC Michael Scusa of Villas, NJ, was 22 years old. He joined the Army after graduating from high school and was on his second tour in Afghanistan. A former teacher said: He was a boy any mom would be proud to have. He leaves behind his wife and 1-year-old son in Colorado, as well as immediate family in New Jersey and Nebraska. SPC Christopher Griffin was 24 years old. He grew up in the small town of Kincheloe, MI. A high school classmate said that the ''whole town'' knew that Christopher would enlist someday. The Army was his calling—and he was very proud of it. He leaves behind his family in Michigan.

PFC Kevin Thomson of Reno, NV, was 22, and joined the Army in April 2008. Friends said that he could make anyone smile, that he valued friendship, and that he had a strong relationship with his mother. His photo hangs in Scolari's grocery store in southeast Reno, where he used to work. He leaves behind his family in Nevada and California.

SGT Vernon Martin of Savannah, GA, was 25 years old, and leaves behind a wife and three children and family in Georgia and New York. He joined the Army 6 years ago and had served in Iraq before being shipped to Afghanistan. His wife said that he hoped to work with kids someday—and that Vernon was the best thing that ever happened to her and their children.

SPC Stephan Mace of Lovettsville, VA, was 21 years old, and is survived by his family in West Virginia and Virginia. His mother said that he loved sports, wildlife, and the outdoors, and that he always had a smile on his face. He learned about patriotism from his grandfather, who served in the CIA during the Vietnam war, and had a strong love of his country and the military. Stephan's youngest brother just graduated from boot camp at Fort Sill—he wants to join the Army like his brother.

SGT Joshua Kirk—originally of Bonners Ferry, ID—was 30 years old. He leaves behind his wife and 2-year-old daughter in Colorado and mother in Idaho.

SGT Joshua Hardt of Applegate, California, was 24 years old, and was an outgoing and athletic young man—so talented at high school football that his helmet was retired. When Joshua was stationed at Fort Carson, he and his wife moved to Colorado together. Joshua leaves behind his wife and immediate family in California.